

Award Number: W81XWH-11-2-0108

TITLE: Family as a Total Package: Restoring and Enhancing Psychological Health for Citizen Soldiers and Families

PRINCIPAL INVESTIGATOR:

Rumi Kato Price, PhD, MPE

CONTRACTING ORGANIZATION:

Washington University
St. Louis, MO 63130-4862

REPORT DATE: July 2015

TYPE OF REPORT: Final

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

REPORT DOCUMENTATION PAGE

*Form Approved
OMB No. 0704-0188*

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

1. REPORT DATE July 2015			2. REPORT TYPE Final		3. DATES COVERED 15 FEB 2011 – 14 FEB 2015	
4. TITLE AND SUBTITLE Family as a Total Package: Restoring and Enhancing Psychological Health for Citizen Soldiers and Families			5a. CONTRACT NUMBER W81XWH-11-2-0108			
			5b. GRANT NUMBER			
			5c. PROGRAM ELEMENT NUMBER			
6. AUTHOR(S) Rumi Kato Price, PhD, MPE William True, PhD, MPH E-Mail: pricer@psychiatry.wustl.edu			5d. PROJECT NUMBER			
			5e. TASK NUMBER			
			5f. WORK UNIT NUMBER			
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Washington University 1 Brookings Drive Saint Louis, MO 63130-4862			8. PERFORMING ORGANIZATION REPORT NUMBER			
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012			10. SPONSOR/MONITOR'S ACRONYM(S)			
			11. SPONSOR/MONITOR'S REPORT NUMBER(S)			
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited						
13. SUPPLEMENTARY NOTES						
14. ABSTRACT The overall objectives were to: (I) demonstrate the effectiveness of the Yellow Ribbon Reintegration Program (YRRP); and (II) examine the role and potential of the YRRP as a post-deployment, community-building platform to restore and to enhance the psychological health of service members and their family members. The evidence indicates that a large-scale, brief, secondary prevention program, such as the YRRP, is effective in the short-term in improving the sense of self-efficacy for managing several domains of post-deployment reintegration needs. Data justified repeated YRRP events and the costs for inclusion of family members. The evidence also indicated that a large-scale, brief, secondary prevention program, such as the YRRP, is effective in the short-term in improving the self-efficacy for managing several domains of post-deployment reintegration needs. In this state-wide National Guard sample, male and female NG members reported experiencing similar levels of combat experiences, except military sexual trauma which is significantly higher among female NG members. Hazardous alcohol use is found to reduce behavioral health help seeking in proportion to the severity of posttraumatic stress (PTS) symptoms only among combat experienced NG members, providing support for considerable self-medication in this sample. Family members' reported concerns for deployments were considerably different from those of NG members in that different concerns appear to have affected post-deployment reintegration and psychopathology in a different manner. In this sample, we found no evidence of "horizontal" transmission of PTS (from NG members to spouses) during the first few months after demobilization.						
15. SUBJECT TERMS Yellow Ribbon Reintegration Program, National Guard, Post-deployment Reintegration, Psychological Health						
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT UU	18. NUMBER OF PAGES 360	19a. NAME OF RESPONSIBLE PERSON USAMRMC	
a. REPORT U	b. ABSTRACT U	c. THIS PAGE U	19b. TELEPHONE NUMBER (include area code)			

**Family as a Total Package: Restoring and Enhancing Psychological
Health for Citizen Soldiers and Families
(FAMPAC)**

**Cooperative Agreement Number W81XWH-11-2-0108
Final Report
July 12, 2015**

Table of Contents

	<u>Page</u>
A. Introduction.....	4
B. Keywords.....	4
C. Overall Project Summary.....	4
D. Key Research Accomplishments.....	7
E. Conclusion.....	12
F. Publications, Abstracts, and Presentations.....	13
G. Inventions, Patents, and Licenses.....	15
H. Reportable Outcomes.....	15
I. Other Achievements.....	15
J. List of Personnel	15
K. References	16
L. Supporting Data (Tables and Figures).....	17
M. Appendices (includes Bibliography).....	28

A. INTRODUCTION

The **overall objectives** of this study were to: **(1)** demonstrate the effectiveness of the Yellow Ribbon Reintegration Program (YRRP); and **(2)** examine the role and potential of the YRRP as a post-deployment, community-building platform to restore and to enhance the psychological health of service members and their family members. The National Defense Authorization Act in 2008 (P.L. 110-181) mandated a nation-wide expansion of the YRRP; thus, at the time of funding in 2011, YRPP represented one of the most comprehensive responses by the Department of Defense (DoD) to the reintegration needs of returning service members and their families. Close to decade-long wars collectively annotated as the Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Down (OEF/OIF/OND) have put unprecedented burdens on service members and their families, combined with cumulative effects of smaller voluntarily force, resulting in multiple deployments. This legislation was timely in part because the programs included the Reserve Component force and their families as well. However, not much scientific evaluation results were available to assess the effectiveness of YRRP at the time of the funding of this study in 2011.

Following these overall objectives, study **specific aims** were: **(1)** demonstrate the efficacy of the YRRP as a military family-centered reintegration training program; **(2)** examine enhanced learning effects due to family member participation in the YRRP; **(3)** identify program components and contexts that enhance self-efficacy for restoring and enhancing psychological health; **(4)** identify the psychological health, family, and other reintegration needs, services use, and barriers to care among service members and families; **(5)** identify dyadic relations which decrease the chance of service members' long-term psychological injuries; and **(6)** deliver recommendations to develop evidence-based, family, postvention resiliency-building programs tailored to YRRP.

B. KEYWORDS

Yellow Ribbon Reintegration Program (YRRP); National Guard service members; service member families; post-deployment reintegration; reintegration needs; post-deployment psychological and behavioral health; self-efficacy; posttraumatic stress disorder (PTSD); alcohol misuse and abuse

C. OVERALL PROJECT SUMMARY

The Principal Investigator (PI) and project manager (PM) have provided all requested and required documents to the Congressionally Directed Medical Research Program (CDMRP), U.S. Army Medical Research Acquisition Activity (USAMRAA), and U.S. Army Medical and Research and Materiel Command (USAMRMC) Human Research Protection Office (HRPO), both before and since the award date for this project. All quarterly and annual progress reports were submitted on time for the first, second, third, and fourth year of the study.

The study was observational in nature for the most part, but involved some complexity. It consisted of two components: **(i)** collecting on-site short surveys at the beginning and end of each 30-day (T2 & T3) and 60-day (T5 & T6) post-deployment YRRP (SOW Task 3); and **(ii)** conducting telephone followup surveys with service members and their spouses/partners who attended YRRP approximately within a month of their attendance at 30-day YRRP (T4) (SOW Task 4). **(iii)** We also planned to recruit service members who may not have attended a YRRP (T4) (SOW Task 3), who **were considered a “control” group considering the study as a quasi-experimental study occurring in a natural community setting.** **(iv)** We also conducted a second in-depth followup interview (T7) approximately 4 months after T4 (SOW Task 4). Further, data from the YRRP on-site short surveys were augmented by the analysis of After Action Reports (AAR) collected by the Missouri National Guard (MONG) at T3 & T6 (SOW Task 3). **(v)** Beyond data collection, tasks involved performing data analysis (SOW Task 5) and dissemination (SOW Task 6).

Anticipating more time was needed to complete the scope of work (SOW) for this study, a no-cost extension was sought and approved for an additional year in December 2013. This no-cost extension was needed in order to continue accrual of subjects to meet SOW goals for T7 interviews, complete data cleaning and archiving, and complete planned data analyses and dissemination efforts. With the approval of the no-cost extension for a fourth year, we were able to complete the SOW for this study.

C1. Statement of Work (SOW) Tasks 1 and 2.

SOW Task 1 items (instrumentation, human subject approvals, and start up) and Task 2 items (staffing, training, and other preparations to implement fieldwork) were completed during the first two quarters of Year 1.

SOW Task 1 included maintaining IRB approval to conduct human subjects research. At the **outset of the study, we obtained approval from Washington University's Human Research Protection Office (HRPO) / Institutional Review Board (IRB)** and the U.S. Army Medical and Research and Materiel Command (USAMRMC) Office of Research Protection (ORP), Human Research Protection Office (HRPO). USAMRMC HRPO approved the study on March 31, 2011 and acknowledged continuing review each year following the continuing review by Washington **University's HRPO**. In addition, the study received IRB approval from the VA St. Louis Health Care System (VAMC) in Year 2. The final VA IRB continuing review was approved on July 14, 2014 and the study is now closed with the VA IRB. The study currently has Washington University IRB approval until May 27, 2015 and may remain open subsequently for future data analysis, manuscript writing efforts and considering a potential future followup study. Washington University IRB requires **maintaining active IRB approval insofar as the study's identifiable information is kept electronically**, even if the study is administratively closed out.

Data entry programs for on-site YRRP short surveys, the database for scheduling and tracking participants, and the web-assisted telephone survey modules for the T4 interviews were developed during the first quarter. A major revision to telephone instruments was completed in September 2011 after the initial stage of data collection. Washington University HRPO approved the changes on October 21, 2011.

SOW Task 2 items included hiring and training of study personnel. This occurred primarily in Years 1 and 2 according to the demands of the study timeline and the SOW. A complete list of study personnel can be found in Section J (List of Personnel). SOW Task 2 also included collaborator and staff meetings to facilitate the project. Regular communication and coordination were maintained with the Missouri National Guard liaisons for the study and the Missouri National Guard YRRP Operational Team across Years 1-3 of this study. Collaborator meetings occurred on a quarterly basis. Routine lab meetings, FAMPAC fieldwork specific meetings, and other related data collection specific meetings were also held regularly during Years 1-3. Further, over the course of the study, fieldwork staff met weekly with the Fieldwork Coordinator to ensure the project achieved SOW data collection goals. Add hoc, topic specific meetings focusing on SOW Tasks 5 (data analysis) and 6 (dissemination) were also held throughout Years 1-4. The strategy of quarterly collaborator meetings supplemented by subgroup and ad hoc meetings was judged optimal and has been successful in meeting the evolving needs of the study.

C2. SOW Tasks 3 and 4: 30-day YRRP, 60-day YRRP, the first telephone followup interviews (T4) and the second and final followup interviews (T7).

Data collection, compilation, and quality assurance efforts were the primary focus of Task 3 & 4 activities. Task 3 focused primarily on fieldwork activities related to the first telephone interview (T4) and the pre- and post-YRRP short surveys conducted at the 30-day YRRP (T2 & T3) and the 60-day YRRP (T5 & T6). Task 4 focuses on T7 post-deployment follow-up interviews conducted about 4 months after the T4 interview.

Task 3 & 4 activities related to data collection were concluded: Task 3 activities related to accrual of research subjects were concluded in December 2013 on schedule; and Task 4 accrual of research subjects was concluded in March 2014.

Table 1 in Section L provides accrual numbers for each of the sample groups across relevant data points (T2-T3, T4, T5-T6, and T7). **Figure 1** provides similar information but in a flow chart format. The “N” size is the cumulative sample size proposed for the study; the “n” is accrual sample size at the time of fieldwork closure. However, T2-T3 and T5-T6 accrual numbers in Table 1 were based on T2 and T5 numbers, respectively. Therefore, T3 and T6 specific numbers shown in Figure 1 are not presented in Table 1.

Table 1 shows the sample accrual SOW goals being met and exceeded as follows: SOW goal of 1,800 surveys for T2 (pre-survey for the 30-day YRRP) met and exceeded with 1,839 total surveys collected, T4 interviews (SOW goal 800) met and exceeded with 831 interviews completed, and T7 interviews (SOW goal 610) met and exceeded with 686 interviews completed.

The PI received IRB/HRPO approval in Year 2 of the study to increase the total sample size from 1,925 to 2,925. IRB approval was obtained from Washington University’s HRPO, the VAMC IRB, and the USAMRMC HRPO. It was observed that some participants may only complete a YRRP short survey at one time point. For example, a participant may have neglected to turn in a pre-survey, but did turn in his post-survey. We needed to increase the total sample size to maximize the total number participating at multiple time points. When sample goals were met for T2-T6, we had enrolled 2,357 unique participants.

As shown in Table 1, the T5 cumulative accrual number (pre-survey for the 60-day YRRP event) did not reach the original SOW goal. The number of participants who filled out a T5 survey were: service member actual n=926 (T5 SOW service member N=1,200); supporter actual n=467 (T5 SOW supporter N=600). On the other hand, the T6 (post-survey at 60-day YRRP) numbers have exceeded the SOW goals as follows: service member actual n=624 (T6 SOW service member N=600); supporter actual n=346 (T6 SOW supporter N=300) (see Figure 1). The decision to intentionally forego the T5 goal was reached when we realized the assumption of the participation rate at T5 was unrealistically too high. We assumed the same number of participants as those participating in the first (30-day) pre-surveys. In reality, the T5 participation rates were lower. Further power analysis indicated sufficient power for main outcome variables across four time periods from these short surveys. Thus we requested a modest SOW change to stop accrual of T5 participants, in part to also conserve resources. This request was approved in December 2013.

Figures 2-5 compares SOW goals and accrued sample sizes over the data collection period of this study for T4 (first in-depth interview) and T7 (2nd in-depth interview) for service members and supporters separately. Figures 2 and 4 for T4 and T7 respectively show accrual fell behind SOW target goals for service members over the course of the study at times (largely due to the demobilization schedule of MONG service members); however, all T4 and T7 accrual goals were met and exceeded at the time of fieldwork closure in March 2014.

T7 followup surveys (second in-depth survey), mainly done over phone, also included a self-administered mail-in survey component. The measures included psychological screening questions and services use, self-efficacy repeated measures, and YRRP effectiveness summary questions. These allowed including self-efficacy and YRRP effectiveness measures across T2 to T7, although T2-T6 were derived from YRRP on-site short surveys. They had to be data-entered while telephone survey portions were automatically converted to SPSS and downloaded to convert to SAS files. Of the 686 respondents who participated in the T7 mail survey, the final number was 636 as of March 2015 verification. However, it was found in April 2014 that two mailed survey had been lost. No HIPAA 18 identifiers were included in this survey; we reported this loss to our HIPAA officer as a courtesy. The staff person who processed payment for the two lost surveys had left the university long before this was discovered. Thus the final accrual number is 634 (92.4%) of the T7 telephone survey participants.

The original study design included a control group of service members to participate in T4 who deployed overseas, but who did not attend YRRP (n=110). However, without some exposure to the research team members at YRRP, recruitment of service members for the control group proved extremely difficult. In consultation with the scientific officer of this project, the PI made a formal request on May 10, 2012 to make modest changes in the study design. Two solutions were implemented: (i) Obtain targeted assistance from the YRRP Operational Team who had access to the lists of service members in the same unit as those who attended YRRP, but were not on the registration lists. Those not on the lists included service members who were separated from the units for various reasons, or, who were not ordered to attend the YRRP at **the same time as their respective unit's attendance**, for logistical reasons. (ii) The effect of YRRP to be assessed statistically as “dose response” outcomes. The scientific merit of the control group was to assess the efficacy of YRRP programs over and above the effects of contexts outside YRRP and of over time natural maturation. Thus, the cumulative effects of YRRP trainings, operationally defined as the number of YRRP events attended, was judged a better measure to use in the context of an observational study.

Quality assurance and data cleaning efforts to ensure the integrity of the data for Task 3 and 4 were fully developed and implemented. Please see the **“Missouri National Guard Yellow Ribbon Reintegration Program Pre and Post Survey & T7 Survey Brief Data Entry Manual: Overview & Instructions”** included in the **Appendices**. The most recent error reporting, data entry verification, and SAS frequency verification were completed in March 2015.

C3. SOW Tasks 5 and 6: data analysis and dissemination.

Tasks 5 & 6 consist primarily of data analysis and dissemination efforts, respectively. Data analysis efforts are noted below in Section D. A list of our dissemination efforts is noted in section F below.

D. KEY RESEARCH ACCOMPLISHMENTS

D1. Demographic profile of participants

Table 2 in Section L provides the demographic profile of service members and supporters who completed the 30-day pre-survey (T2 sample). The sample size is 1,784, the largest analytical sample with available demographic information. Demographic characteristics for participants in this study were consistent with the Missouri National Guard (MONG) population and with a previous pilot study conducted by this research team with the MONG. Descriptive analyses show approximately 87% of service members are men, while 92% of supporters are women. Approximately 88% of service members and 92% of supporters are Caucasian. About 57% of service members are married, and 88% of the service members participating are enlisted (non-officers). About 43% of service members have been deployed to Afghanistan and 3% to Iraq while 53% have been deployed to other locations including Qatar and Guantanamo Bay Cuba. Deployment location distributions reflected our fieldwork time period. By the time this study started data collection (middle of 2011) deployment to Iraq by National Guard force had began declining rapidly.

While not available in the T2 sample assessment, from the in-depth telephone survey (T4), about 36% if service members and 32% of supporters have had a four year college degree or more education. Overall, compared to the T4 sample who participated in telephone surveys, the T2 sample who participated in the YRRP on-site short survey were more diverse, for example, 2-3% lower representation of Caucasian, and a lower percentage of married service members and supporters, and a 7% higher representation of enlisted service members (data not shown).

D2. FAMPAC study assessment timing

Table 3 shows the average time and 95% confidence intervals for three assessment time periods available and cleaned as of November 2013: from demobilization to the first in-depth telephone

interviews (T4); from the first telephone interviews (T4) to the second in-depth telephone interviews (T7); and the total duration from demobilization to the last assessment contact with respondents. Service members and supporters were interviewed about 3 to 4 months after the service member returns from deployment. The average time lapsed is 4.4 months for service members from the T4 to T7 followup interview. T7 interviews averaged 7.7 months for service members and 7.5 months for supporters from the deployment return date. Overall, telephone interviews were conducted approximately at target time periods, although we initially planned the final (T7) followup to occur around 6 months after demobilization. This was due in part to scheduling delays in service members' 30 and 60-day YRRP attendance timing; thus our contact with respondents were delayed accordingly. In major analyses that require a longitudinal setup, we plan to use the time interval (time from demobilization or time from the first interview) as a covariate to detect significant tendencies that may show up affecting the main outcomes such as reduction in PTSD symptoms.

D3. YRRP training cumulative attendance

Data presented in **Table 4** were based upon T2 surveys (30-day YRRP on-site pre-surveys) as of November 16, 2013. The analysis was based on responses to the question: "How many Yellow Ribbon Reintegration Programs have you attended BEFORE this one?" One additional YRRP event (current 30-day YRRP) to the total was added to response totals to account for current YRRP attendance. At that time, 57.7% of service members and 63.3% of supporters have attended only one YRRP, including the one where we conducted surveys, while 42.3% of service members and 36.7% of supporters have attended 2 or more YRRP events by that time. It should also be noted that supporters had had less exposures to YRRP training. This is consistent with findings on self-efficacy (see below) where improvement in self-efficacy was greater among supporters than service members.

Preliminary analyses were conducted focusing on hazardous alcohol use (AUDIT), PTSD (PTSD Checklist), and depression (PHQ-9) outcomes assessed at T7 (approximately 8 months post-deployment). Chi-square tests were used to see if there were significant differences in these three outcomes based upon the number of YRRP events a participant attended (0, 1, or 2 or more events) in the post-deployment period. Interestingly, we found that service members who attended 2+ YRRP events had a positive association with a diagnosis of PTSD (DSM-IV criteria) (**Fisher's Exact Test p =.03**), and family members who attended 2+ YRRP events had a positive association with reporting high risk alcohol use (**Fisher's Exact Test, marginally significant p=.049**). We speculated that attending more YRRPs may help service members and family members to be better able to understand and identify the symptoms of PTSD and alcohol problems, respectively. However, the number of YRRP attendance may be confounded by multiple deployment experience. Advanced multivariate analyses will include this and similar "dose-response" measures to assess effect of YRRP exposure level in concluding the effectiveness of YRRP (**Aim 4**).

D4. Perceived utility of YRRP by participants

We examined the perceived utility of the YRRP's delivery of information and assistance across the domains of education, health, employment, legal and family concerns during the post-deployment reintegration period as assessed at the end of the weekend YRRP.

The results show that:

- Service members and supporters most often endorsed education needs being met (76.8% and 78.2% respectively) and were least likely to endorse legal needs being met (63.5% and 60% respectively). (**Aim 1**)
- Significantly more supporters than service members ($p < 0.0001$) reported that the YRRP was the first time they learned of available services across all domains. Results suggest the YRRP fills gaps in supporter knowledge and provides needed information and resources to most National Guard families 2-4 months after a deployment. (**Aim 2**)

- Service members were significantly more likely than supporters to report concerns about education, employment, and health; while supporters were significantly more likely to report concerns about family. **(Aim 1)**

These findings by Scherrer et al. were published in *Military Medicine* 2014.

D5. Short-term effectiveness of YRRP.

We examined short-term self-efficacy improvement towards post-deployment reintegration and reduction in perception of stigma toward mental health using a pre- and post-training assessment paradigm. **Figures 6-9** extended earlier analyses including T2-T3, T5-T6 and the second followup survey (T7), which together covers between one to 8 months post demobilization. Figures 6-9 charted the arithmetic mean of the average for the four repeated measure subscales with 95% confidence intervals administered at all five time points for both service members (SM) and supporters/family members (SP): The knowledge subscale included five questions measuring the knowledge aspects of self-efficacy regarding post-deployment reintegration issues, warning signs of reintegration problems, and community resources. b) The self-efficacy ability subscale included five questions measuring the ability aspect of self-efficacy for post-deployment reintegration ((0 (poor) – 4 (excellent). c) The Mental Health Help Seeking Propensity subscale included 8 items using the Likert scale (0 (disagree) – 4 (agree)) from the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS). Finally, d) the Indifference to Stigma subscale also from the IASMHS included 8 items with the same scale.

The results show that:

- The knowledge and ability aspects of self-efficacy regarding reintegration and psychological health improved at the end of each YRRP event and over the two repeated YRRP event exposures. **(Aim 1)**
- **Family members' initial gain was greater than service members. (Aim 2)**
- Attitude toward stigma of mental illness did not improve as a result of participating in YRRP training, and this was observed both for service members and their family members. **(Aim 1)**
- We observed similar patterns in a peacekeeping cohort earlier and the results from this combat deployed cohort. **(Aim 1)**
- However, **family members' knowledge and ability aspects of self-efficacy** with these news data actually showed a decline slightly from T6 post-survey to the T7 follow-up survey, while service members maintain about the same level between these two points.
- At T7, the patterns for help seeking propensity and indifference to stigma continue their respective trends for service members and supporters. However, slight improvement was observed for indifference to stigma both among service members and supporters.

Earlier findings using these measures were prepared by Price et al. (in revision submission). The new analyses here were based only on those service members and supporters enrolled in the T7 longitudinal, follow-up portion of the study (n=641; SM=437, SP=204), as such, the sample may be biased. The next steps for analysis will verify valid cases (due to most recent cleaning efforts) and will take into account demographic and multivariate factors including health outcomes and utilization, potentially using mixed model ANOVA or logistic regression.

D6. Perceived helpfulness and usefulness of YRRP

For those service members and supporters enrolling in the in-depth interview portion of the study, we examined participants' ratings of the overall helpfulness or usefulness of the information at YRRP using the options of Poor, Fair, Average, Good or Excellent. **Figure 10** in Section L shows the findings in graphic format.

The results show that:

- More supporters than service members endorsed the helpfulness and usefulness of the information presented as Average, Good, or Excellent for all three events: pre-deployment YRRP, post 30-day YRRP, and post 60-day YRRP. This is consistent with our previous analysis showing supporters having a greater initial gain in the knowledge and ability aspects of self-efficacy about post-deployment reintegration issues. (**Aim 2**)
- However, percentages endorsing usefulness of YRRP declined over multiple exposures among both service members and supporters. Self-perceived usefulness and independently assessed self-efficacy are somewhat inconsistent with each other.

D7. Identifying most useful YRRP program components.

We conducted supplemental analysis of After Action Reports (AAR) available from 2011 – 2013 for 30-day and 60-day YRRP events. AARs were collected by the Missouri National Guard Yellow Ribbon Operational Team at the conclusion of each YRRP event.

The results show that:

- Military One Source was rated beneficial by the greatest number of attendees (91%). Military One Source is a DoD funded resource which provides a variety of information and services to meet a broad range of concerns facing military families. (**Aim 3**)
- Other briefings endorsed as beneficial by nearly all attendees included: VA (88%), guest motivational speakers (88%), booth displays of vendors (88%), TriCare (87%), the Missouri National Guard Care Team (Chaplain brief) (86%), the Missouri Veterans Commission (86%), and the Veterans Business Administration (86%). (**Aim 3**)
- The resources and briefings with the least number of people endorsing them as beneficial included: employment (67%), colleges (71%), MOST 529 (college savings plan) (72%), and legal (78%). We speculated that these briefings and resources were applicable only to a smaller sample of attendees, in contrast to other presentations and resources having more universal applicability. (**Aim 3**)
- Written comments from attendees were broad in scope and often mixed. One theme of note reflected that the information presented was too repetitive with information received or known already (e.g. “the presentations are done well, we’ve just already received the info multiple times”), while other comments gave high praise to the information presented at YRRP (e.g. Very good, got a lot of information and received answers to my questions, got names and numbers or resources on how to contact the right people to help.”) (**Aim 3**)

D8. Conceptualization of trauma spectrum disorders.

Building upon the premise of combat trauma leading (or precipitating) a variety of pathologies, we conducted analysis from two cohorts: archived data of Vietnam veterans (Vietnam Era Study, VES), first examined in 1972 (n=642); and the current FAMPAC study data available by summer 2012 (n=159). Five overlapping trauma spectrum disorders (TSD) component measures were available in both datasets. Latent class profile analysis was applied to TSD components. Ordinal logistic regressions were used to estimate the association of combat exposure levels with class membership.

The results show that:

- Despite considerable differences in the two datasets, combat exposure levels discriminated TSD severity. The level of combat exposure was the only significant predictor of class membership controlling for socio-demographic characteristics. A higher level of combat exposure yielded a considerable increase in belonging to a higher-risk class: OR = 1.37 (CI 1.09-1.73) for VES and 1.66 (CI 1.35-2.04) for FAMPAC, per one increase in combat exposure level (range, 0-9 for VES and 0-14 for FAMPAC). (**Aim 4**)
- The results underscored the importance of both physical and psychiatric consequences of war trauma experiences as inter-dependent pathological stress reaction. At the same

time, studies are needed to disentangle both environmental (exposure) and biological (vulnerability) factors that differentiate expressions of these pathologies.

Preliminary findings from this analysis were presented by Price et al. at the annual meeting of the College of Problems of Drug Dependence (CPDD) 2012. See Section K.

D9. Negative impact of hazardous alcohol use on behavioral health care utilization.

Using a behavioral economic approach, we conducted analysis among service members to examine the interactive effect of hazardous alcohol use and PTSD symptoms stratified by combat exposure experience.

The results show that:

- Hazardous alcohol use was associated with reduced behavioral health services utilization with increased PTSD symptoms, however, only among those who experienced combat during the most recent deployment. **(Aim 4)**
- Hazardous alcohol use reduced the probability of behavioral health service utilization by 205% (marginal effect) while controlling for socio-demographics, PTSD symptoms, depression and barriers to care factors. **(Aim 4)**

These findings by van den Berk-Clark et al. are currently in resubmission to *Substance Use and Misuse*.

D10. Employment, mental health and relational satisfaction.

We examined the effects of combat, unemployment and psychological strain on relationship satisfaction among National Guard service members and their spouses or co-habitating partners.

The results show that:

- Couples where service member had experienced recent combat were much more likely to have lower levels of education, to live in areas with higher unemployment, more likely to be unemployed and more likely to experience psychological strain, including PTSD and depression. **(Aim 5)**
- Relationship satisfaction was higher among individuals who were employed but lower among individuals with depression. **(Aim 5)**
- When social support was added to the model, depression remained a significant predictor of relationship satisfaction but employment did not. **(Aim 5)**

These are findings from van den Berk-Clark' et al.'s unpublished manuscript. See Section K.

D11. Couple dyadic analysis of post-traumatic stress symptoms (PTSS) and drinking levels:

We examined the role of anticipated disruption before going on a mission in relation to post deployment behavioral health symptoms. Using an Actor-Partner Model (APIM) techniques, **Figures 11 & 12 provide path diagrams of the effects of service member and partner's subjective worries assessed separately on their respective levels of hazardous alcohol use.** APIM allows statistical **interdependence of service member and their partner's behaviors**, thus both measures are simultaneously controlled for.

The results show that:

- **Partners' anticipated family and life disruption concerns, PTSS and drinking levels were moderately correlated suggesting that there was a certain degree of concordance in post deployment behavioral health symptoms within couples.** **(Aim 5)**
- **Service members' own anticipated family and life disruption predicted their post deployment drinking levels as well as PTSS levels.** **(Aim 4)**
- If service member and partners had similar concerns there was slightly higher concordance in drinking. This was marginally significant. **(Aim 4)**

- Results do not suggest couple's direct influence on drinking levels nor PTSS symptoms, thus we did not observe "horizontal" transmission of behavioral and psychiatric symptomatology. (**Aim 5**).

Preliminary findings from this line of analysis were presented by Balan et al. CPDD 2013 and being resubmitted to **Addictive Behaviors**. See Section K.

D12. Physical and mental health trajectory throughout the deployment cycle:

We examined the physical and mental health trajectories throughout the deployment cycle among National Guard members and their family members. A latent growth mixture model, using physical and mental health and substance use measures of concern for three time periods (retrospectively assessed pre-deployment, during deployment and post deployment), was used to identify underlying trajectory groups. A multinomial mixed model was used to determine whether combat exposure, stress and other factors related to deployment predicted trajectory group membership. Analyses were extended to include 190 NG service members and their intimate partners (n=380) and refined modeling resulted in three class solutions. **Figure 13** shows resultant "trajectories" obtained separately for service members and their partners.

Preliminary findings show that:

- The best fit three-class model identified a low risk group (n=207) (group 1), a medium risk group (n=115) (group 2) and a high group (n=58) (group 3) (the class (group) sizes here combine service members and their partners, although latent class analysis was run separately for service members and their partners). (**Aim 4**)
- Variation by time was highest in both service members and their partners who are high risk. Deployment appeared to have led to significantly higher mental health probabilities in this group. (**Aim 5**)
- At 2-4 months post deployment, **high risk partners' psychological distress decreased significantly ($p<.002$) and so did the low risk partner group ($p<.03$)**. (**Aim 5**)
- Service members in the high risk group who had been combat exposed ($p<.001$) had a much higher rate of psychological distress than other groups. (**Aim 4**)

Earlier preliminary findings from this line of analysis were presented by van den Berk-Clark et al. CPDD 2014. See Section K. Through more recent analyses, interpretation of new results have considerably been revised since that time.

E. CONCLUSION

The evidence indicates that a large-scale, brief, secondary prevention program, such as the Yellow Ribbon Reintegration Program (YRRP) implemented for National Guard members and family members, was effective in the short-term increases of the sense of self-efficacy for handling post-deployment reintegration needs, including psychological health needs. However, perception toward stigma appears to be deeply embedded in the culture of the military as well as in the community. It would be more difficult to change the perceived stigma associated with psychological problems than self-efficacy.

Our data, overall, justify repeated YRRP events after demobilization. They also justify the costs for inclusion of family members in the YRRP events. Family members tended to gain more from YRRP than service members. **However, participants' self-perception about repeated exposures to YRRP programs was not consistent with results of assessment of more objective scale measures over time.**

All presentations at YRRP were perceived as beneficial by the majority of service members and supporters attending. Further, those presentations addressing issues encountered by the majority of attendees (VA, TriCare, etc.) tended to have a greater proportion of participants endorsing them as beneficial, while those appealing to a smaller proportion of attendees (education, employment, legal) tended to have lower endorsement.

Telephone followup surveys assessing individual characteristics, psychological health and reintegration issues indicated an increased need for family-level prevention and intervention efforts because levels of stress and psychological strains impact post-deployment reintegration.

To date, several specific findings are noteworthy. Hazardous alcohol use was found to reduce behavioral health help seeking in proportion to the severity of posttraumatic stress symptoms (PTSS) only among combat-experienced NG service members, providing support for considerable self-medication in this sample, however conditioned on combat experience. Male and female NG service members experienced similar combat experiences, except military sexual trauma which was significantly higher among female NG service members (data not shown). Family members concerns for deployments were considerably different from those of NG service members in that different concerns appear to have affected post-deployment reintegration and **psychopathology in a different manner**. In this sample, we found no evidence of “horizontal” transmission of PTS (from NG service members to spouses, or vice versa for that matter) during the first few months after demobilization.

F. PUBLICATIONS, ABSTRACTS, PRESENTATIONS

Conference and meeting presentations and journal article manuscripts are listed below.

2011

1. Price RK. Family as a Total Package (FAMPAC): Restoring and enhancing psychological health for citizen soldiers and families. Presented at the Annual Military Operational Medicine Research Program (MOMRP) / Joint Program Committee Military Operational Medicine (JPC5) In Progress Review (IPR) Meeting, July 2011.
2. Widner G, Matthieu MM, True WR, McGhee KL, Kilmer R., Proctor E, Schechtman K, Balan S, Swensen A & Price RK. **Restoring and enhancing psychological health of Missouri's citizen soldiers and families: A university-military partnership.** Washington University Institute for Public Health Fourth Annual Conference, October 2011.
3. Balan S, Widner G, Matthieu MM, True WR, McGhee KL, Kilmer R., Proctor E, Schechtman K, Swensen A & Price RK. **Restoring and enhancing psychological health of Missouri's citizen soldiers and families: Preliminary findings from the first three phases.** Washington University School of Medicine, Department of Psychiatry, Second Post- & Pre-doctoral Fellows Poster Symposium and Networking Event, October 2011.

2012

4. Price RK, Balan S, Widner G, True WR. Trauma spectrum disorder: Implications for substance abuse research on traumatized populations. Presentation at the College on Problems of Drug Dependence, 72nd Annual Scientific Meeting, Palm Spring, CA, June 2012.
5. Price RK, Family as a Total Package (FAMPAC): Restoring and enhancing psychological health for citizen soldiers and families. Oral presentation at the Military Operational Medicine Research Program (MOMRP), Family Prevention Research IPR, Ft. Detrick, MD, August 2012.
6. Van den Berk Clark C, Scherrer J, Shroff M, Balan S, Price RK. Economic hardship, psychological strain and relationship satisfaction among National Guard service members and their spouses. Presented at the Washington University in St. Louis, School of Medicine, Department of Psychiatry, Third Annual Post- & Pre-doctoral Fellows Poster Symposium and Networking Event, October 2012.

2013

7. Van den Berk-Clark C, Balan S, Widner G, & Price R. The marginal effects of hazardous alcohol use on health care utilization among National Guard service members. Poster presentation at the American Psychopathological Association Annual Meeting, March 2013;

- and Poster presentation at the College on Problems of Drug Dependence Annual Meeting, June 2013.
8. Balan S, van den Berk-Clark C, Shroff M, Widner G, Scherrer J, Price RL. Whose post-traumatic stress affects drinking levels: Couple dyad modeling of National Guard service members and their partners. Oral presentation at the College on Problems of Drug Dependence Annual Meeting, June 2013.
 9. Balan S, van den Berk-Clark C, Widner G, Shroff M, Scherrer J, Price RK. Couple dyad modelling of posttraumatic stress symptoms and drinking levels among National Guard service members and their partners: Role of life/family disruption concerns. Poster Presentation at American Psychological Association Meeting, August 2013.
 10. Price R. When soldiers come home: The science of war injuries from Vietnam to Afghanistan. Oral Presentation sponsored jointly by the St. Louis Academy of Sciences and Missouri History Museum, St. Louis, August 20, 2013.
 11. Price R. **Returning from war: The science of war's invisible wounds.** Radio interview along with SFC Lora Finn and COL Gary Gilmore of the Missouri National Guard. St. Louis on the Air (St. Louis Public Radio) on August 19, 2013. Available: <http://news.stlpublicradio.org/post/returning-war-science-wars-invisible-wounds>
 12. Balan S, van den Berk-Clark C, Widner G, Shroff M, Scherrer J, Price RK. Worrying about life and family disruptions before going to war: National Guard couples study. Poster presentation at Washington University's Department of Psychiatry Postdoctoral Symposium, October 1, 2013; Washington University's Institute for Public Health conference, October 15, 2013; and Washington University Clinical Research Training Center Training Symposium and Poster Session, October 22, 2013.
 13. Van den Berk-Clark C, Balan S, Shroff M, Widner G, Price RK. Clinical and social profile differences among National Guard service members utilizing behavioral health services through military, veteran and civilian providers. Poster presentation at Washington University's Department of Psychiatry Postdoctoral Symposium, October 1, 2013.
 14. Price RK, van den Berk-Clark C. Invisible wounds from Vietnam to Afghanistan. Oral Presentation at the St. Louis Veterans Health Care Administration CEC Seminar Series, October 15, 2013.
 15. "Outlook optimistic for returning US veterans: coming home 'broken' is not the norm," says expert. Washington University in St. Louis Newsroom, November 6, 2013. Also featured in "Afghanistan: After the War", Washington Magazine, October 2013.
 16. Balan S. Coming home: Role of family disruption for behavioral health problems among National Guard. Oral presentation at the Department of Psychiatry Research Seminar, Washington University School of Medicine, St. Louis, December 4, 2013.
 17. Price RK. Invisible wounds: From Vietnam to Afghanistan. Epidemiology Seminar, Department of Epidemiology, College of Public Health and Health Professionals & College of Medicine, University of Florida at Gainesville, December 9, 2013.
- 2014
18. Van den Berk-Clark C. Trauma and mental health outcomes after war. Oral presentation at the Department of Psychiatry Research Seminar, Washington University School of Medicine, St. Louis, January 29, 2014.
 19. Price RK. Trauma spectrum disorder. Oral presentation at the Department of Psychiatry Research Seminar, Washington University School of Medicine, St. Louis, January 29, 2014.
 20. Price RK, Balan S, Matthieu M. Trauma and post-traumatic stress disorder (PTSD) in women. Oral presentation to Saint Louis University, Department of Obstetrics, Gynecology, and Women's Health, St. Louis, February 21, 2014.
 21. van den Berk-Clark C, Balan S, Widner G, Shroff M, & Price R. Role of past and present substance use in mental health trajectories of National Guard Service Members. San Juan, PR, College on Problems of Drug Dependence, June 19, 2014.

22. Scherrer J, Widner G, Shroff M, Matthieu M, Balan, S, van den Berk-Clark C, and Price RK. Assessment of a post-deployment Yellow Ribbon Reintegration Program for National Guard members and supporters. *Military Medicine* 2014;179:1391-97.

2015

23. Van den Berk-Clark C, Balan S, Shroff M, Widner G, & Price R. The impact of hazardous alcohol use on behavioral healthcare utilization among National Guard service members. (under review, Substance Use and Misuse)
24. Price RK, Matthieu M, Widner G, van den Berk-Clark C, Balan S, Proctor E, and True W. Empowering National Guard members and their families after deployment: Effectiveness of a mandate reintegration program (in final preparation, American Journal of Public Health).
25. Van den Berk-Clark C, Balan S, Widner G, Shroff M, & Price R. The role of civilian employment in post-deployment relationship satisfaction among National Guard couples. Society of Social Work and Research, San Antonio, TX, January 17, 2015.
26. Van den Berk-Clark C, Balan S, Widner G, Shroff M, & Price R. The combined effect of education and combat exposure on relationship satisfaction among National Guard service members and their intimate partners: a path analysis. Society of Social Work and Research, San Antonio, TX , January 16, 2015.

G. INVENTIONS, PATENTS, AND LICENSES

Nothing to report.

H. REPORTABLE OUTCOMES

Scientific findings have not resulted in a prototype for commercialization.

I. OTHER ACHIEVEMENTS

Nothing to report.

J. LIST OF PERSONNEL

Name	Role on Project	Years
Rumi Kato Price, PhD, MPE	Principal Investigator	2011-2015
William True, PhD, MPH	Co-Principal Investigator	2011-2014
Monica Matthieu, PhD, LCSW	Co-Investigator	2011-2012
Ken Schechtman, PhD	Co-Investigator	2011-2012
Jeffrey Scherrer, PhD	Co-Investigator	2012-2013
Carissa van den Berk-Clark, PhD	Co-Investigator; Post-doctoral research scholar	2013-2014
Enola Proctor, PhD	Co-Investigator	2011-2013
Collins Lewis, MD	Project Psychiatrist	2012-2014
Alexis Ainscough	Data Control Coordinator/Interviewer	2012-2013
Sundari Balan, PhD	Post-doctoral Research Associate, Post-doctoral research scholar	2011-2012; 2012-2014
Kristen Burback, MSW	Interviewer (Rater I - student)	2011
Rosemary Chustak, MSW	Interviewer (Rater I)	2011
M. Elizabeth Drennan, MSW	Fieldwork Coordinator / Interviewer (Rater II)	2011-2014
Tiara Dean, BA	Interviewer (Rater I)	2012-2013
Jan Kuhn, M.Ed.	Interviewer	2011-2012
Erica Key, BA	Interviewer (Rater I)	2012-2014
Alicia Linker, BA	Interviewer (Rater I)	2012-2013

Karen Lawrence, PhD	Interviewer (Rater I - student)	2012
Nick LaBeau, BA	Interviewer (Rater I - student)	2012
Stephanie Nunes, MSW	Interviewer (Rater I)	2013-2014
Afsaneh Razani, PhD	Data Assistant	2011-2012
Manan Shroff, MBBS, MPH	Statistical Data Analyst	2012-2015
Angela Swensen, MSW	Interviewer (Rater I - student)	2011-2012
Ian Smith	Lead off-site fieldworker (Rater I - student)	2011
Charles van Hooser, BS	LAN/Systems Administrator	2011-2015
Greg Widner, MSW, LCSW	Project Manager	2011-2014
Angelique Zeringue, MA	Statistical Data Analyst	2011

K. REFERENCES

Balan S, van den Berk-Clark C, Shroff M, Widner G, Scherrer J, Price RL. Whose post-traumatic stress affects drinking levels: Couple dyad modeling of National Guard service members and their partners. Oral presentation at the College on Problems of Drug Dependence Annual Meeting, June 2013 (being resubmitted to **Addictive Behaviors**, with a revised title, "Effects of subjective worries on hazardous alcohol use and post-traumatic stress symptoms: A National Guard couples study).

Price RK, Balan S, Widner G, True WR. Trauma spectrum disorder: Implications for substance abuse research on traumatized populations. Presentation at the College on Problems of Drug Dependence, 72nd Annual Scientific Meeting, Palm Spring, CA, June 2012.

Price RK, Matthieu M, Widner G, van den Berk-Clark C, Balan S, Proctor E, and True W. Empowering National Guard members and their families after deployment: Effectiveness of a mandate reintegration program (in final preparation, **American Journal of Public Health**).

Scherrer J, Widner G, Shroff M, Matthieu M, Balan, S, van den Berk-Clark C, and Price RK. Assessment of a post-deployment Yellow Ribbon Reintegration Program for National Guard members and supporters. **Military Medicine** 2014;179:1391-97.

van den Berk-Clark C, Balan S, Shroff M, Widner G, & Price R. The impact of hazardous alcohol use on behavioral healthcare utilization among National Guard service members. (under review, **Substance Use and Misuse**)

van den Berk-Clark C, Balan S, Widner G, Shroff M, & Price R. Role of past and present substance use in mental health trajectories of National Guard Service Members. College on Problems of Drug Dependence, San Juan, PR, June 2014.

Van den Berk-Clark C, Scherrer J, Widner G, Shroff M, Balan S, & Price R. Combat exposure, employment, psychological strain and relationship satisfaction among National Guard service members and their partners. (unpublished manuscript)

L. SUPPORTING DATA (Tables and Figures)

Table 1. Sample groups and Statement of Work (SOW) cumulative accrual and final accrual numbers (last verified March 2015)

Sample groups and data collection points	Previous Progress Report cumulative accrual (November 2014)	Final Report cumulative accrual (July 2015)	Final sample size goals
T2-T3 30-day Pre- and Post-YRRP surveys ¹			
Service member	1173	1173	1200
Supporter	666	666	600
Combined	1839	1839	1800
T4 follow up interviews			
Service member	577	577	575
Supporter	254	254	225
Combined	831	831	800
T5-T6 60-day Pre- and Post-YRRP surveys ¹			
Service member ²	926	926	1200
Supporter ²	467	467	600
Combined ²	1393	1393	1800
T7 follow up interviews			
Service member	476	476	440
Supporter	210	210	170
Combined	686	686	610

Notes:

1. Numbers reported are based upon those respondents turning in T2 / T5 pre –surveys.
2. The decision to intentionally forego the original SOW T5 accrual goal was reached earlier when we realized the assumption of the participation rate at T5-T6 (second YRRP weekends) was unrealistically too high. See the narrative for more detail (Sec C2).

Table 2. Demographics (%) for service members and supporters based on T2 sample (n=1,784)
 (last update on 03/12/15)

<u>Variable</u>	<u>Member Type</u>	
	<u>Service Member</u> (n=1,173)	<u>Supporter</u> (n=666)
<u>Age</u>		
<u>18-20</u>	1.67	3.24
<u>21-24</u>	19.28	14.35
<u>25-29</u>	23.06	18.52
<u>30-39</u>	27.11	28.09
<u>40-49</u>	22.10	25.62
<u>50 or above</u>	6.78	10.19
<u>Gender</u>		
<u>Male</u>	86.91	7.99
<u>Female</u>	13.09	92.01
<u>Race</u>		
<u>Caucasian</u>	88.06	91.89
<u>African American</u>	5.46	4.05
<u>Other</u>	6.48	4.05
<u>Marital Status</u>		
<u>Never Married</u>	28.08	9.88
<u>Married</u>	57.11	81.76
<u>Divorced or Separated</u>	14.47	7.90
<u>Widowed</u>	0.34	0.46
<u>Pay grade</u>		
<u>Enlisted</u>	87.64 ¹	NA
<u>Officer</u>	12.36 ¹	NA
<u>Deployment Location</u>		
<u>Afghanistan</u>	43.88	54.05 ²
<u>Iraq</u>	3.11	2.70 ²
<u>Other</u>	53.02	43.24 ²

Notes:

1. 89 out of 1,173 had missing information.
2. Deployment location was that of his/her service member supporter accompanied.

Table 3. Number of prior Yellow Ribbon events attended by sample member type based on T2 pre-survey data

Number of Prior Yellow Ribbon events attended	<u>Member Type</u>	
	Service member N (%)	Supporter N (%)
1	656 (57.7)	416 (63.3)
2	268 (23.6)	148 (22.5)
3	91 (8.0)	44 (6.7)
4 or more	122 (10.7)	49 (7.5)

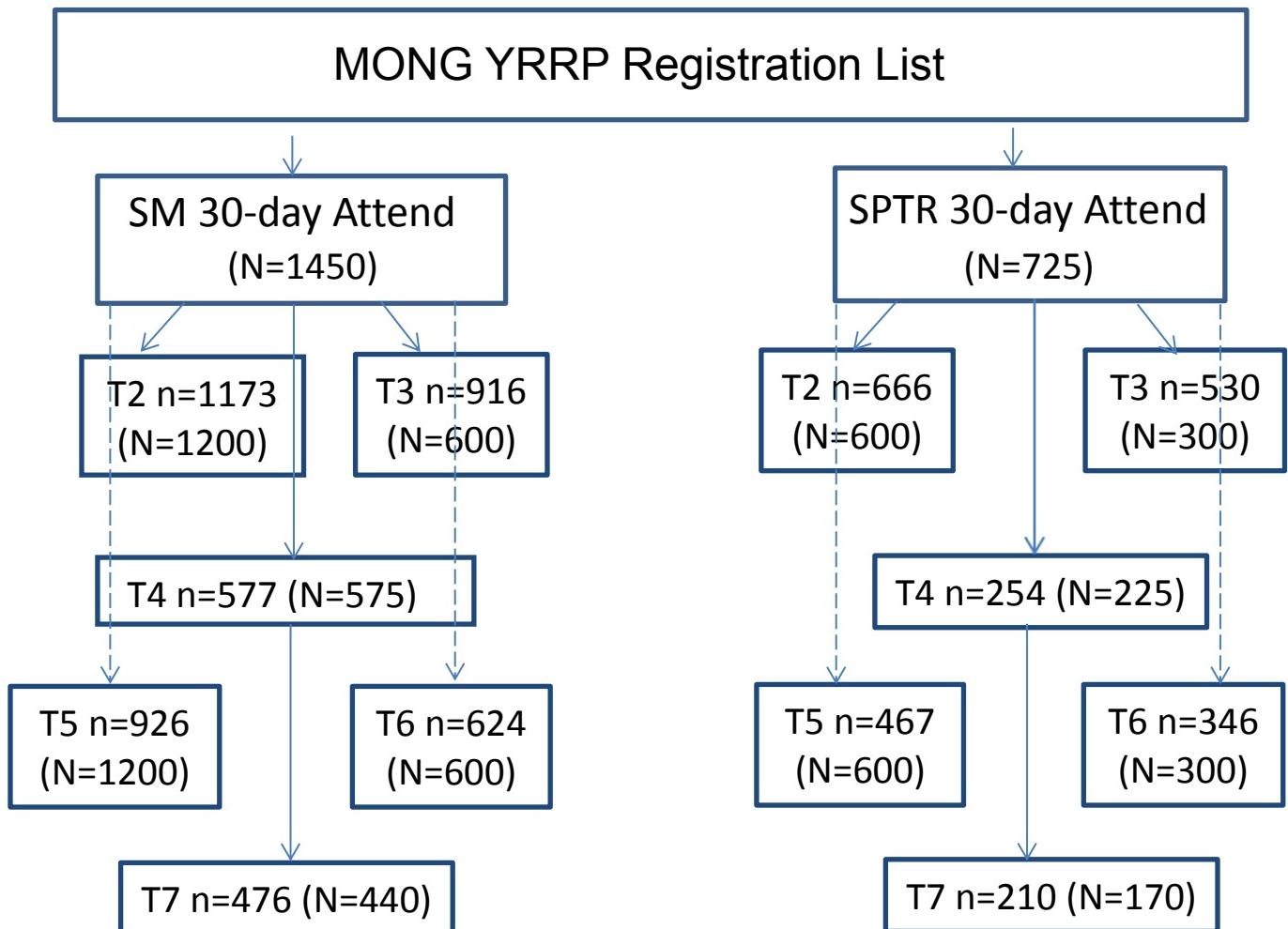
Notes: The T2 pre-survey (30-day or 1st Yellow Ribbon after deployment) question, "How many Yellow Ribbon Reintegration Programs have you attended BEFORE this one?" was used and one event is added to include the current YRRP being held at the time of the survey. Data compiled as of November 2013.

Table 4. Mean number of months and 95% confidence level for three time periods involving in T4 (1st telephone) and T7 (2nd telephone) assessments

Duration in Months	<u>Member Type</u>	
	<u>Service Member</u>	<u>Supporter</u>
Months since service member's demobilization to T4	3.6 (3.4 – 3.9)	3.3 (2.9 - 3.7)
T4 to T7	4.4 (4.3 - 4.4)	4.5 (4.3 - 4.7)
Months since service member's demobilization to T7	7.7 (7.4 – 8.0)	7.5 (7.2 - 7.9)

Notes: Time from T4 to T7 and from demobilization to T7 were based upon those completing T7 as of November 2013.

Figure 1. FAMPAC sample flowchart & accrual (Feb 15, 2011 – April 1, 2014)



Notes:

1. SM=Service Member, S PTR=Supporter.
2. n=accrual sample size; N=goal sample size over course of study.
3. T2, T3, T5, and T6 participants were not necessarily the same people. For example, some may have completed only T3 survey, but not T2, etc.
4. Some of those completing T5 and T6 surveys did not attend the 30-day YRRP.

Figure 2. T4 Service member accrual trajectory

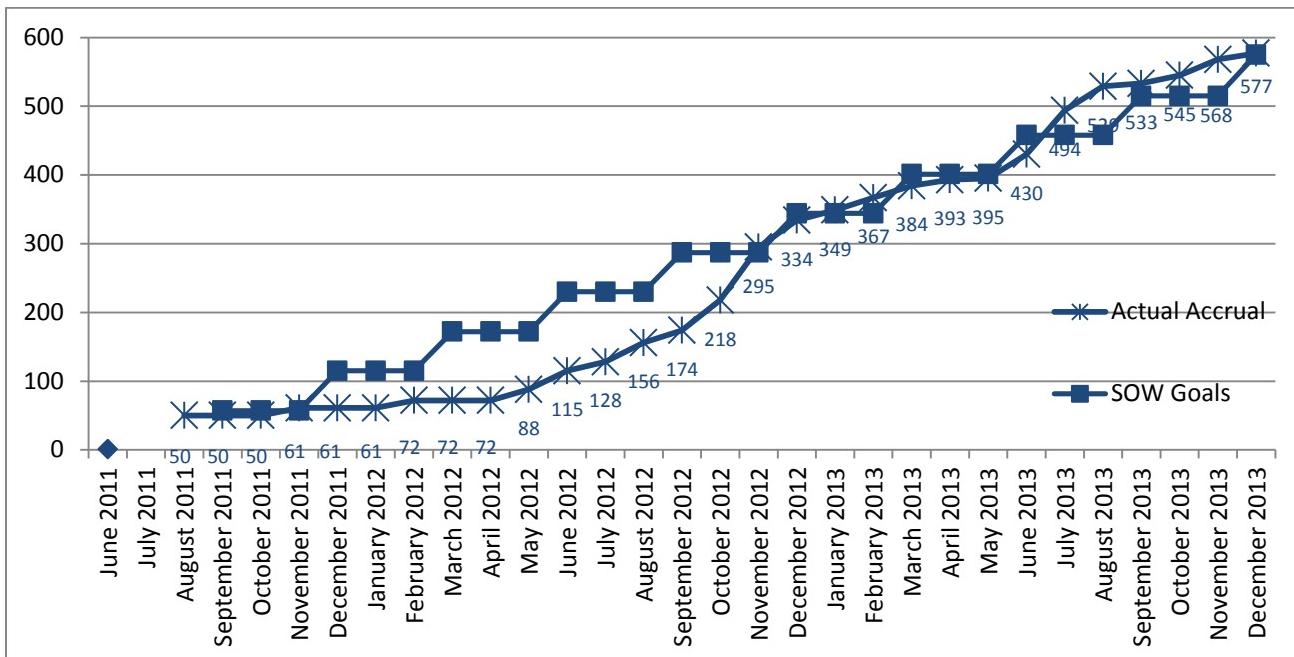


Figure 3. T4 Supporter accrual trajectory

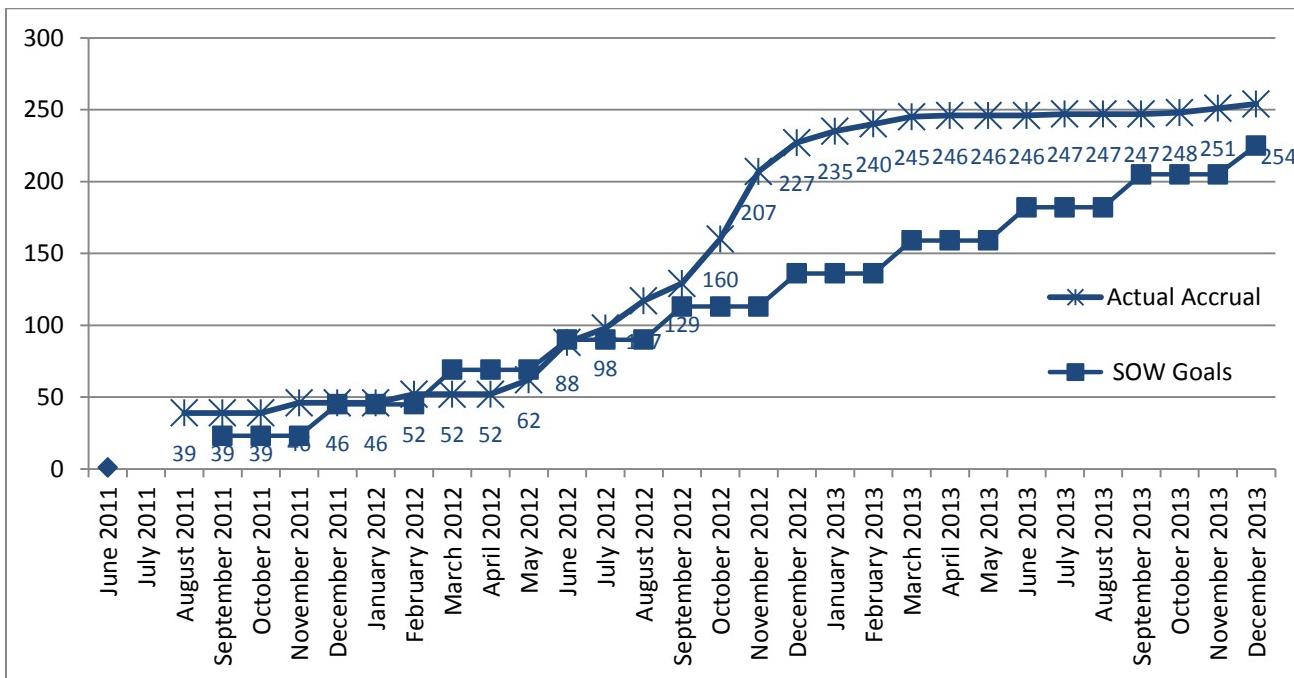


Figure 4. T7 Service member accrual trajectory

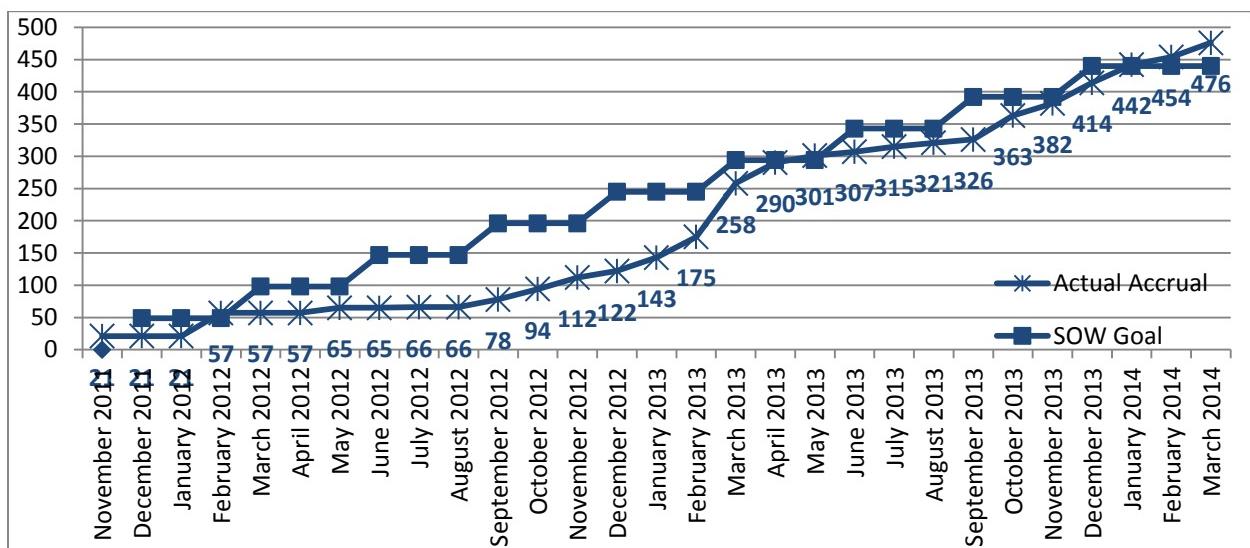


Figure 5. T7 Supporter accrual trajectory

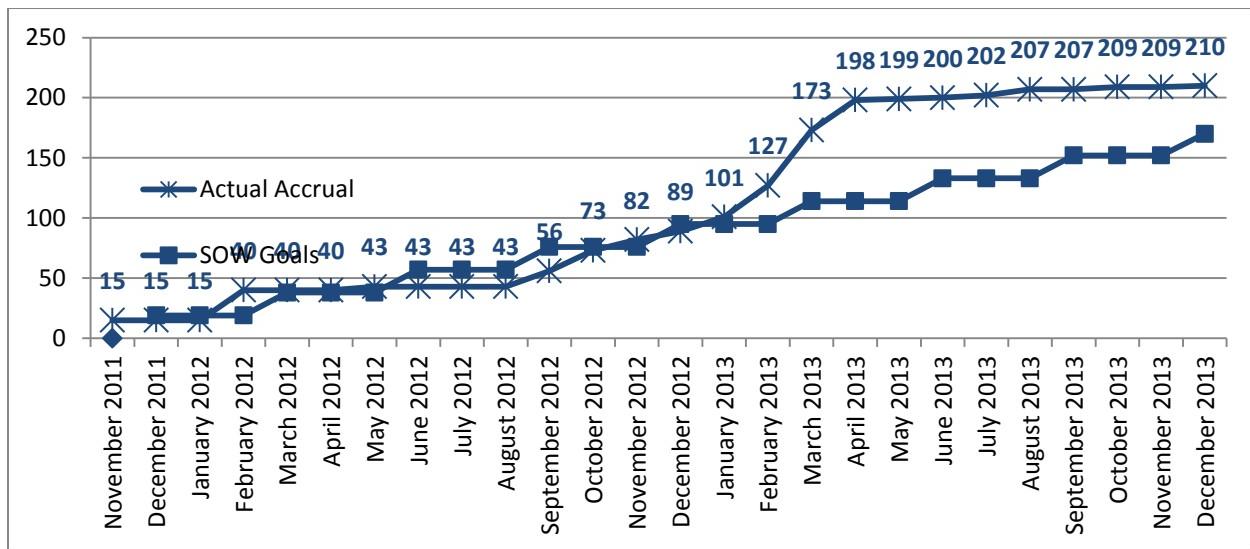


Figure 6. Service member (SM) and supporter (SP) knowledge aspect of self-efficacy across 5 time points (T2, T3, T5, T6, T7).

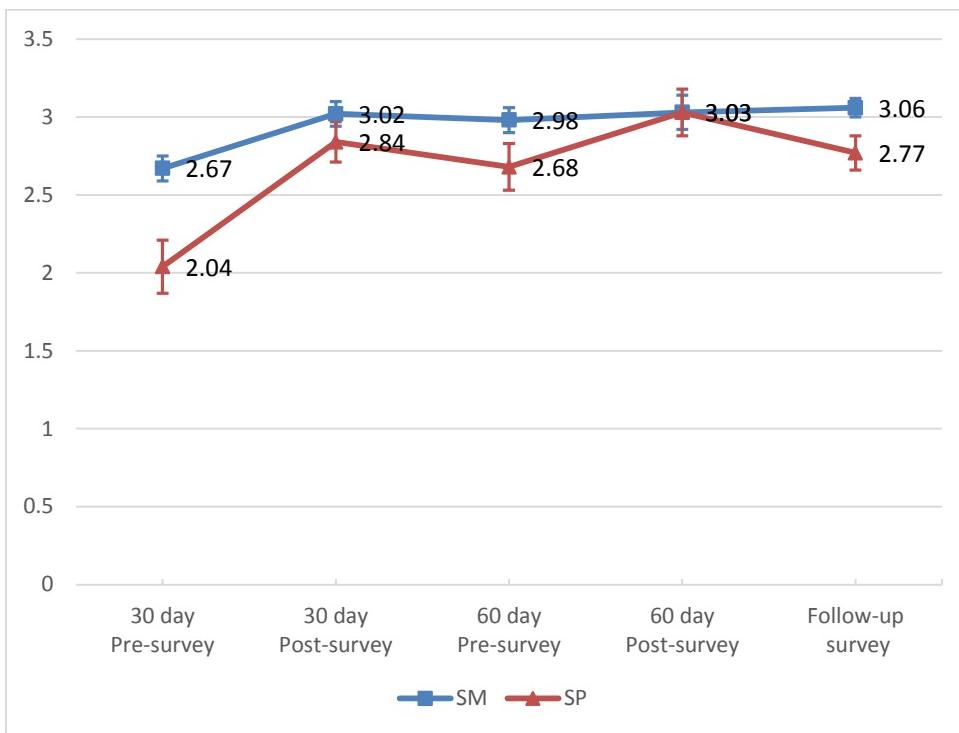


Figure 7. Service member (SM) and supporter (SP) ability aspect of self-efficacy across 5 time points (T2, T3, T5, T6, T7).

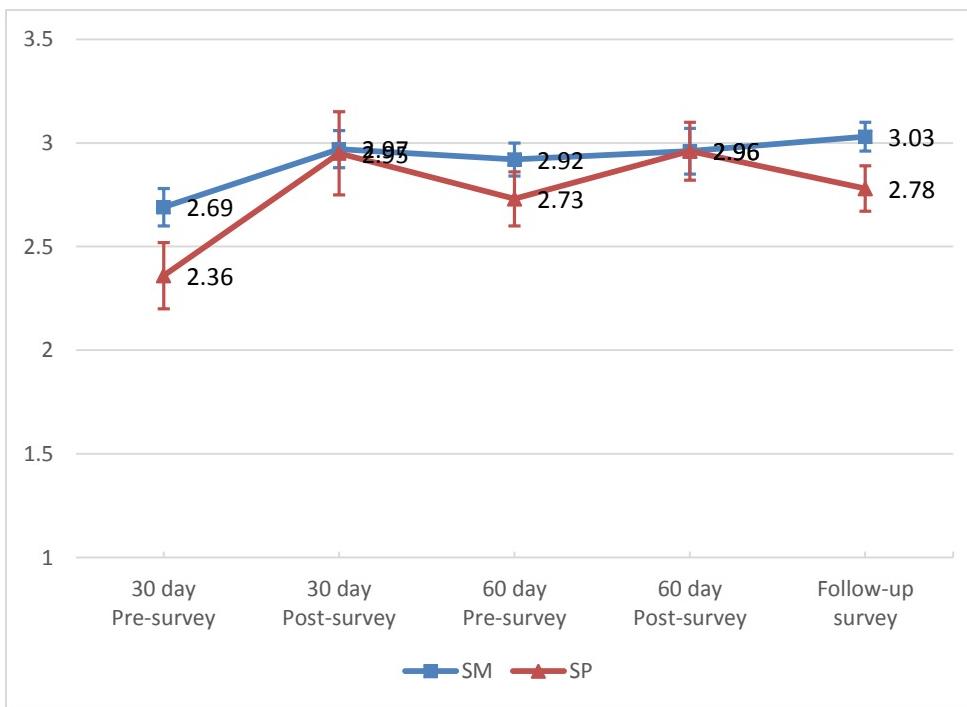


Figure 8. Service member (SM) and supporter (SP) mental health help seeking propensity across 5 time points (T2, T3, T5, T6, T7).

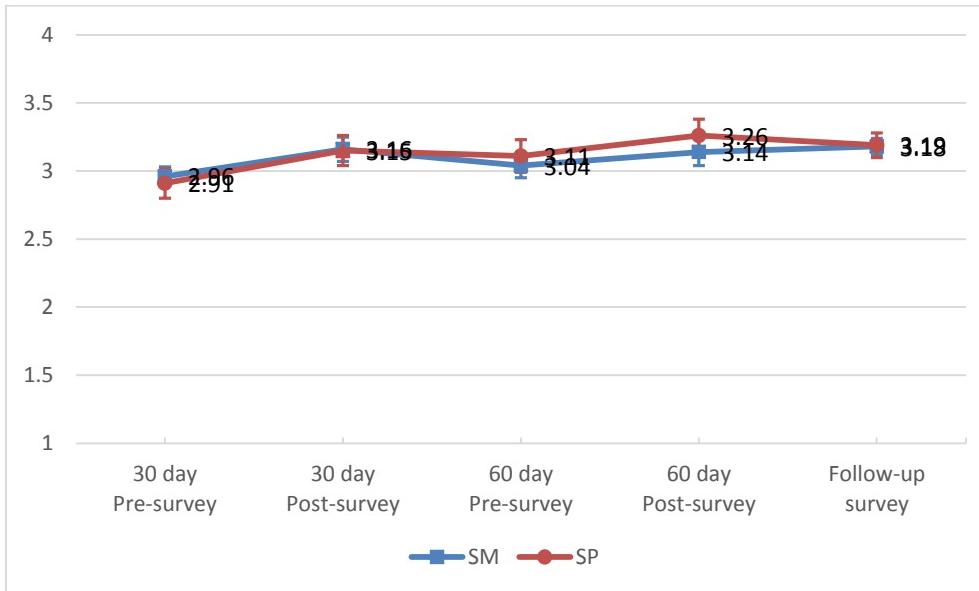


Figure 9. Service member (SM) and supporter (SP) indifference to stigma across 5 time points (T2m T3, T5, T6, T7).

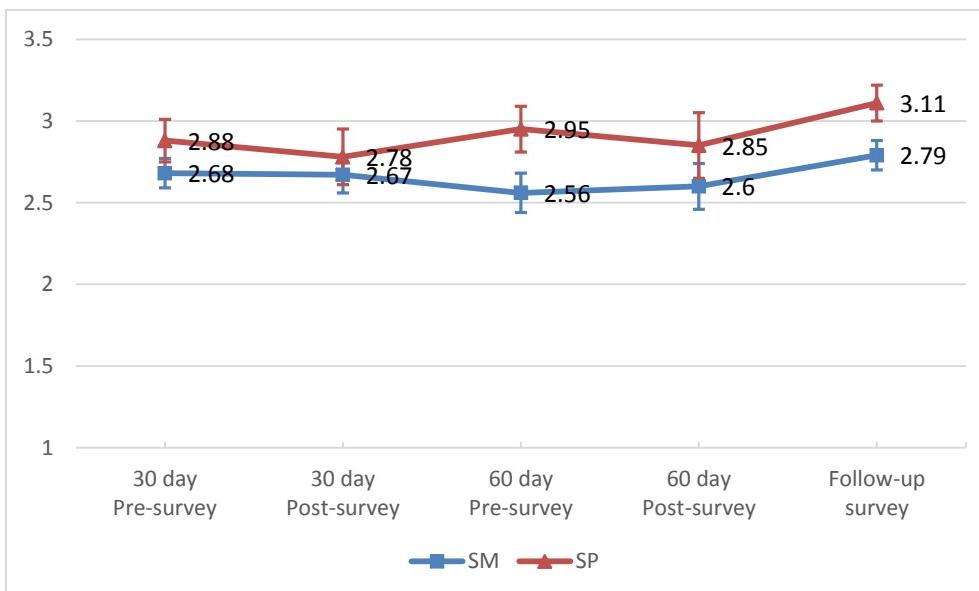


Figure 10. Percentage of Service Members (SM) and Supporters (S PTR) rating the helpfulness and usefulness of the information as Average, Good, or Excellent for Pre-deployment YRRP, Post 1 (30-day post-deployment YRRP), and Post 2 (60-day post-deployment YRRP). (SM n=467; S PTR n=207)

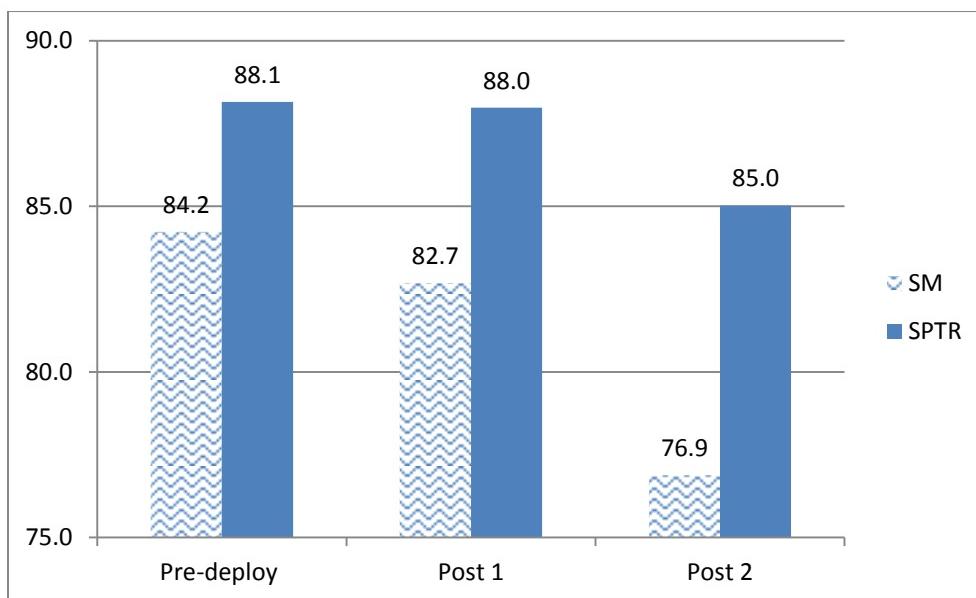
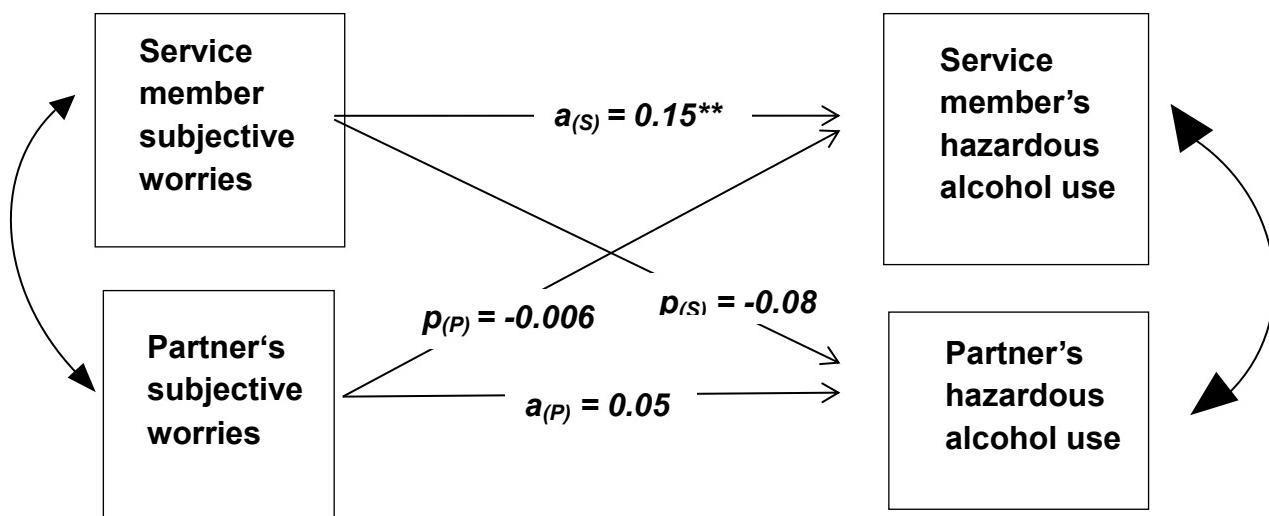


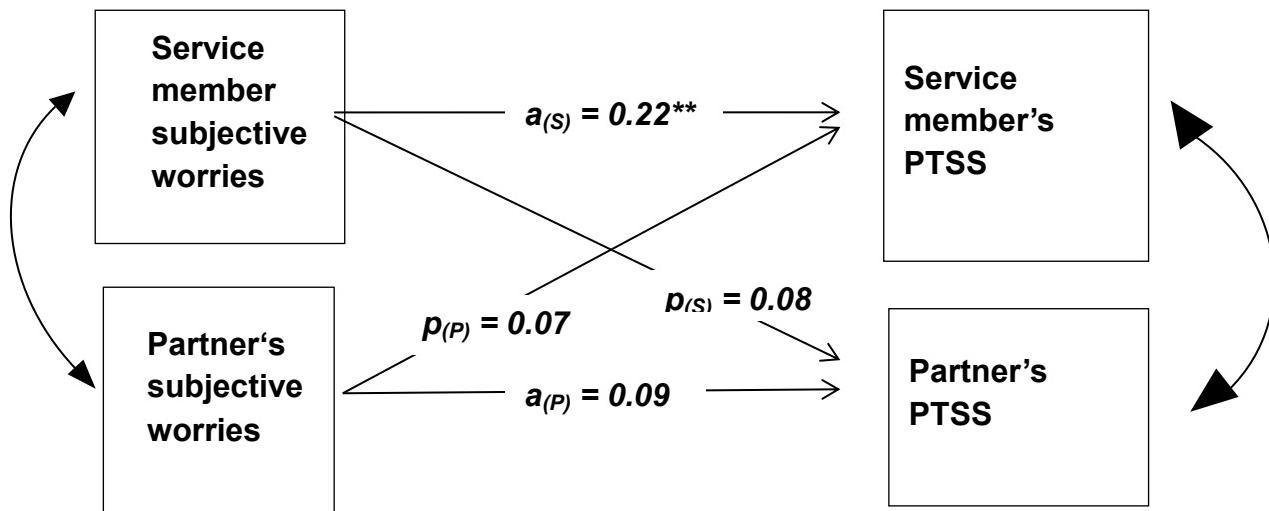
Figure 11. Actor-partner model of relative effects (unstandardized coefficients) of couple member's subjective worries on hazardous alcohol use



Notes:

* $p < .05$; ** $p < .01$. Multilevel APIM distinguishable model (applying a heterogeneous compound symmetry assumption) adjusted for actor's own childhood negative event, combat deployment, PTSS, and depressive symptoms in addition to demographics (age, race, education, employment, children).

Figure 12. Actor-partner model of relative effects (unstandardized estimated) of couple member's subjective worries on post-traumatic stress symptoms (PTSS)

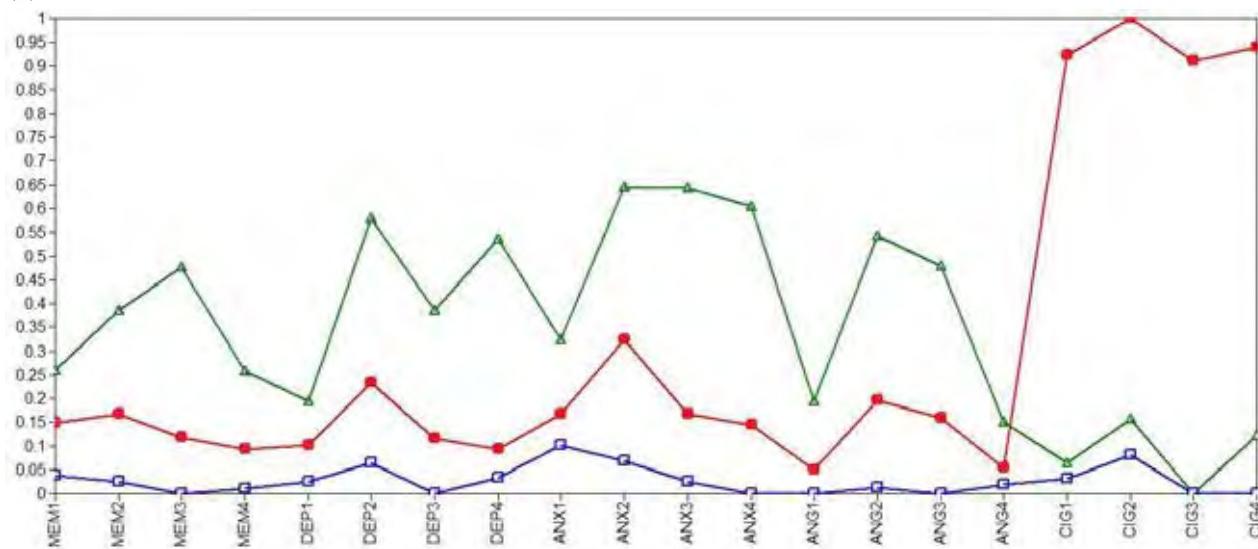


Notes:

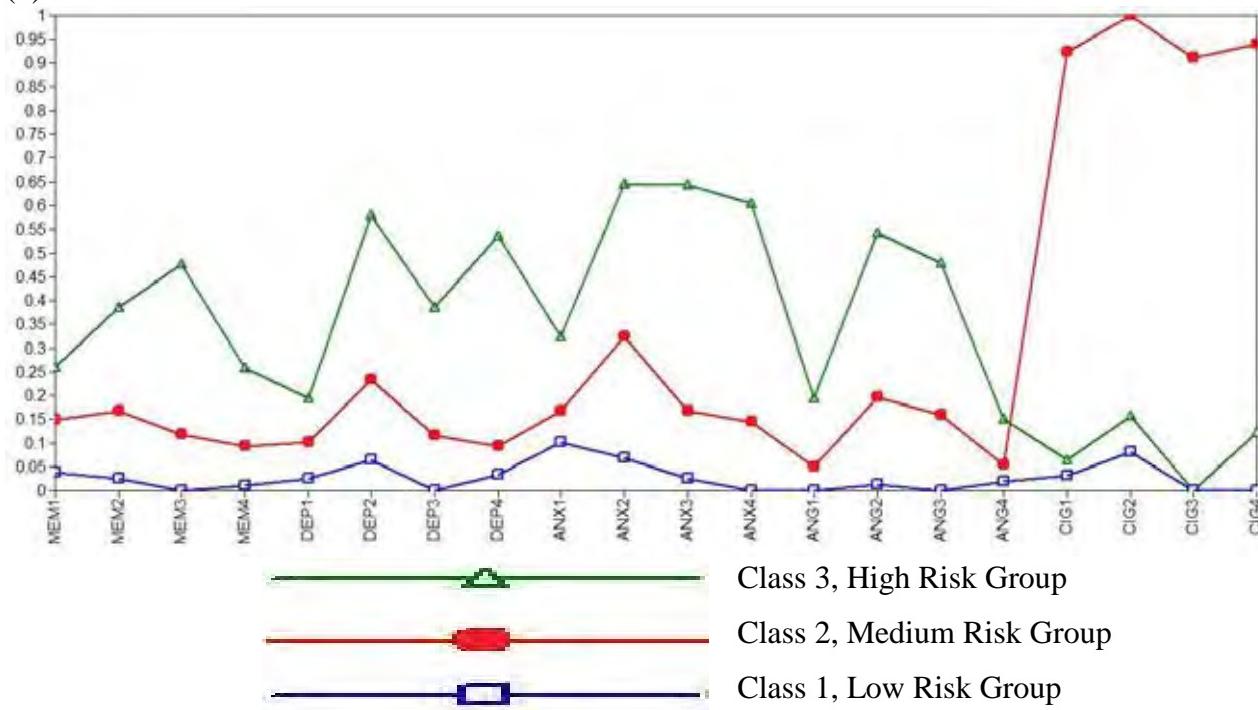
$p < .05$; ** $p < .01$. Multilevel APIM distinguishable model (applying a heterogeneous compound symmetry assumption) adjusted for actor's own childhood negative event, combat deployment, hazardous alcohol use, and depressive symptoms in addition to demographics (age, race, education, employment, children).

Figure 13. Estimated probabilities by class of mental health and substance use indicators for (a) National Guard (NG) service members ($n=190$) and (b) their intimate partners ($n=190$) (total sample size = 380)

(a)



(b)



Notes:

1=pre-deployment; 2=during-deployment; 3=2-4 months post-deployment; 4=6 months post-deployment, MEM=disturbing memories; DEP=depression; ANX=anxiety; ANG=anger problem; ALC=alcohol use problem; CIG=cigarette use. Sum measures of mental health (disturbing memories, depression, anxiety, anger) and substance use (cigarettes, alcohol use, drug use) were compared over time using ANOVA. No observations were found for the following variables: alcohol use problem (pre-deployment, NG service members), substance use problem (both groups, all time points) and other psychological problem (both groups, all time points).

M. APPENDICES COVER PAGE

Family as a Total Package: Restoring and Enhancing Psychological Health for Citizen Soldiers and Families

1. Washington University PRE- Yellow Ribbon Reintegration Program Survey (T2, T5), 2011, on-site version
2. Washington University POST- Yellow Ribbon Reintegration Program Survey (T3, T6), 2011, on-site version
3. Time 4 (T4) Soldier Interview, 2011, telephone service member version
4. Time 4 (T4) Supporter Interview, 2011, telephone supporter version
5. Time 7 (T7) Soldier Interview, 2011, telephone service member version
6. Time 7 (T7) Supporter Interview, 2011, telephone supporter version
7. Washington University Follow Up Survey, 2011, mail, service member version
8. Washington University Follow Up Survey, 2011, mail, supporter version
9. Missouri National Guard Yellow Ribbon Reintegration Program pre and post survey & T7 survey brief data entry manual: Overview & instructions, 2012 version

Washington University PRE Yellow Ribbon Reintegration Program Survey

VARIABLE NAMES IN RED

Section I: Please answer the following questions.

Are you a service member or a family member / loved one? SUBJECT	<input type="checkbox"/> 1 Service member <input type="checkbox"/> 2 Family member / loved one
What Yellow Ribbon classroom are you in now? Classroom	_____
How many Yellow Ribbon Reintegration Programs have you attended BEFORE this one? PRIORRYR	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more If 0, go to Section II
How many months has it been since you last attended a Yellow Ribbon Reintegration Program? MNTHSYR	Please indicate here: ____

Section II: Please rate the following as you feel right now:		Poor	Fair	Average	Good	Excellent
1.	Your knowledge of facts concerning post-deployment reintegration issues. KNOW1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2.	Your knowledge of warning signs for problems with post-deployment reintegration. KNOW2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3.	Your knowledge of how to ask someone if he/she is experiencing problems with post-deployment reintegration. KNOW3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4.	Your knowledge of how to get help with post-deployment reintegration. KNOW4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5.	Your knowledge of information about local resources for help with post-deployment reintegration. KNOW5	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.	Your ability to ask someone if he/she is having problems with post-deployment reintegration. KNOW6	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7.	The likelihood you will ask a person you believe has a problem with post-deployment reintegration if he/she needs help. KNOW7	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8.	Your ability to persuade a person who has a problem with post-deployment reintegration to get help. KNOW8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9.	Your ability to ask for help if <u>you</u> were having problems with post-deployment reintegration. KNOW9	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10.	The likelihood you would ask for help if you	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	were having problems with post-deployment reintegration. KNOW10					
--	--	--	--	--	--	--

Thank you for your service!

Section III. For each item, please indicate whether you disagree (0), somewhat disagree (1), are undecided (2), somewhat agree (3), or agree (4). The term *professional* refers to individuals who have been trained to deal with mental health problems (e.g. psychologists, psychiatrists, social workers, chaplains and family physicians). The term *psychological problem* refers to reasons one might visit a professional. For example, repeated disturbing memories or thoughts of a traumatic experience; feeling down, depressed or hopeless; or excessive anxiety or worry.

		Disagree	Somewhat disagree	Are undecided	Somewhat agree	Agree
1.	I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems. STIGMA1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2.	I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems. STIGMA2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3.	If good friends asked my advice about a psychological problem, I might recommend that they see a professional. STIGMA3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4.	Having been mentally ill carries with it a burden of shame. STIGMA4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5.	If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy. STIGMA5	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.	If I were to experience psychological problems, I could get professional help if I wanted to. STIGMA6	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7.	Important people in my life would think less of me if they were to find out that I was experiencing psychological problems. STIGMA7	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8.	It would be relatively easy for me to find the time to see a professional for psychological problems. STIGMA8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9.	I would want to get professional help if I were worried or upset for a long period of time. STIGMA9	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10.	I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it. STIGMA10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11.	Having been diagnosed with a mental	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Washington University PRE Yellow Ribbon Reintegration Program Survey
VARIABLE NAMES IN RED

	disorder is a blot on a person's life. STIGMA11					
12.	If I believed I were having a mental breakdown, my first inclination would be to get professional attention. STIGMA12	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13.	I would feel uneasy going to a professional because of what some people would think. STIGMA13	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14.	I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family. STIGMA14	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15.	Had I received treatment for psychological problems, I would not feel that it ought to be "covered up." STIGMA15	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16.	I would be embarrassed if my neighbor saw me going into the office of a professional who deals with psychological problems. STIGMA16	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section IV. What is your most important reintegration concern?

CONCERN _____

Section V. Please answer the following demographic questions.

What is your gender? GENDER	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female
What is your age? AGE	Please indicate here: _____
Are you Spanish, Hispanic, or Latino? HISPANIC	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
What is your race? (check all that apply)	<input type="checkbox"/> 1 Caucasian/White CAUCASIAN <input type="checkbox"/> 2 African American/Black BLACK <input type="checkbox"/> 3 Asian American ASIAN <input type="checkbox"/> 4 American Indian/Alaskan Native NATVAMER <input type="checkbox"/> 5 Native Hawaiian/Pacific Islander HAWAIIAN <input type="checkbox"/> 6 Other OTHER (please list) RACE_S : _____
What is your current marital status? MARITAL	<input type="checkbox"/> 1 Never Married <input type="checkbox"/> 2 Married <input type="checkbox"/> 3 Divorced or separated <input type="checkbox"/> 4 Widowed
Are you currently living with a spouse, significant other, or partner? LIVE WITH	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
What is the city and state where you	

Washington University PRE Yellow Ribbon Reintegration Program Survey
 VARIABLE NAMES IN RED

currently reside?	City CITY : _____	State STATE : _____
-------------------	--------------------------	----------------------------

****Family members / loved ones should complete Section VI. Service members skip to Section VII.****

Section VI. For FAMILY MEMBERS / LOVED ONES only.

What is your relationship to the service member? **FAMREL**

- ₁ Spouse / significant other / partner of service member
 ₂ Parent of service member
 ₃ Adult child of service member
 ₄ Other (please list): **RELAT_S** _____

****Family members / loved ones can stop here.
 Service members please complete Section VII next page.****

Section VII. For SERVICE MEMBERS only, please answer the following questions.

What is your pay grade? PAYGRADE	Please indicate here: _____ (e.g. E - ##, W - ##, O-##)
What is your branch of service? BRANCH	<input type="checkbox"/> ₁ Army National Guard <input type="checkbox"/> ₂ Air National Guard <input type="checkbox"/> ₃ Other (please list): _____
Was the deployment that you recently returned from your <u>first</u> deployment? FIRSTDEP	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
What month and year did you return from your <u>most recent</u> deployment?	Month MNTHRET : _____ Year YRRET : _____
For this deployment, where were you? DEPLOC	<input type="checkbox"/> ₁ Afghanistan <input type="checkbox"/> ₂ Iraq <input type="checkbox"/> ₃ Other (please list) DEPLOC_S : _____
What is your unit? UNIT	Please indicate here: _____
How many family members or loved ones are attending this Yellow Ribbon program with you? NUMFAM	Please indicate here: _____
What is the relationship of the individuals attending with you? (check all that apply)	<input type="checkbox"/> ₁ Spouse / significant other / partner SOLDREL1 <input type="checkbox"/> ₂ Parent(s) SOLDREL2 <input type="checkbox"/> ₃ Adult child(ren) SOLDREL3 <input type="checkbox"/> ₄ Young child(ren) SOLDREL4 <input type="checkbox"/> ₅ Other SOLDREL5 (please list): SOLDREL_S _____

Thank you for your time.

Welcome Home!

Washington University PRE Yellow Ribbon Reintegration Program Survey
VARIABLE NAMES IN RED

Washington University POST Yellow Ribbon Reintegration Program Survey

VARIABLE NAMES IN RED

ID Number Here

ID

Thank you for your time!

Section I: Please answer the following question before you begin Section II.

Are you a service member or a family member / loved one? SUBJECT	<input type="checkbox"/> ₁ Service member <input type="checkbox"/> ₂ Family member / loved one
What Yellow Ribbon classroom are you in now? Classroom	_____

Section II: For each of the AREAS listed on the left, please check the box in each question column.

	A	B	C	D
AREAS	Do you have any concerns?	Would you like to get more information?	Would you like to get help?	Did the Yellow Ribbon program help you to get information or get help?
Your education benefits	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes CONEDU	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes INFOEDU	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes HELPEDU	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes GETEDU
Your employment situation	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes CONEMP	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes INFOEMP	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes HELPEMP	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes GETEMP
Your health care	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes CONHC	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes INFOHC	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes HELPHC	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes GETHC
Your physical health	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes CONPHY	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes INFOPHY	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes HELPPHY	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes GETPHY
Your mental health	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes CONMH	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes INFOMH	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes HELPMH	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes GETMH
Your alcohol use	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes CONALC	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes INFOALC	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes HELPALC	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes GETALC
Family or relationship concerns	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes CONFAM	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes INFOFAM	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes HELPFAM	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes GETFAM
Any legal issues (e.g. custody, power of attorney, etc.)	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes CONLGL	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes INFOLGL	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes HELPPLGL	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes GETLGL
Other _____ OTHER	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes CONOTH	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes INFOOTH	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes HELPOTH	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes GETOTH

Section III. For each of Programs / Services listed on the left, please check the box in each question column.				
Washington University POST Yellow Ribbon Reintegration Program Survey Programs /Services	Did you first learn about this program from attending the Yellow Ribbon <u>this</u> weekend?	Did someone tell you <u>this</u> weekend to go talk to someone about seeking services from this program?	As a result of <u>this</u> weekend, do you have an appointment/did someone make an appointment for you to seek services from this program?	Have you <u>ever</u> received services from this program?
MONG Employment Assistance (networking with employers, resume & interview skills)	<input type="checkbox"/> No <input type="checkbox"/> Yes NGEMP1	<input type="checkbox"/> No <input type="checkbox"/> Yes NGEMPT	<input type="checkbox"/> No <input type="checkbox"/> Yes NGEMPA	<input type="checkbox"/> No <input type="checkbox"/> Yes NGEMPE
MO Employers (various military-employee seekers)	<input type="checkbox"/> No <input type="checkbox"/> Yes MOEMP1	<input type="checkbox"/> No <input type="checkbox"/> Yes MOEMPT	<input type="checkbox"/> No <input type="checkbox"/> Yes MOEMPA	<input type="checkbox"/> No <input type="checkbox"/> Yes MOEMPE
MONG Education Services Office (Montgomery GI Bill, student loan repayment plan, enlistment bonuses, federal/state tuition assistance)	<input type="checkbox"/> No <input type="checkbox"/> Yes NGEDU1	<input type="checkbox"/> No <input type="checkbox"/> Yes NGEDUT	<input type="checkbox"/> No <input type="checkbox"/> Yes NGEDUA	<input type="checkbox"/> No <input type="checkbox"/> Yes NGEDUE
Local Colleges / Universities	<input type="checkbox"/> No <input type="checkbox"/> Yes LOCCOL1	<input type="checkbox"/> No <input type="checkbox"/> Yes LOCOLLT	<input type="checkbox"/> No <input type="checkbox"/> Yes LOCCOLA	<input type="checkbox"/> No <input type="checkbox"/> Yes LOCCOLE
Department of Labor (employment assistance and protection)	<input type="checkbox"/> No <input type="checkbox"/> Yes DOLABR1	<input type="checkbox"/> No <input type="checkbox"/> Yes DOLABRT	<input type="checkbox"/> No <input type="checkbox"/> Yes DOLABRA	<input type="checkbox"/> No <input type="checkbox"/> Yes DOLABRE
Employee Support for Guard & Reserve (re-employment rights)	<input type="checkbox"/> No <input type="checkbox"/> Yes ESGR1	<input type="checkbox"/> No <input type="checkbox"/> Yes ESGRT	<input type="checkbox"/> No <input type="checkbox"/> Yes ESGRA	<input type="checkbox"/> No <input type="checkbox"/> Yes ESGRE
VA Medical Center (health care)	<input type="checkbox"/> No <input type="checkbox"/> Yes VAMC1	<input type="checkbox"/> No <input type="checkbox"/> Yes VAMCT	<input type="checkbox"/> No <input type="checkbox"/> Yes VAMCA	<input type="checkbox"/> No <input type="checkbox"/> Yes VAMCE
Tri Care (health care)	<input type="checkbox"/> No <input type="checkbox"/> Yes TRICAR1	<input type="checkbox"/> No <input type="checkbox"/> Yes TRICART	<input type="checkbox"/> No <input type="checkbox"/> Yes TRICARA	<input type="checkbox"/> No <input type="checkbox"/> Yes TRICARE
Vet Center (readjustment counseling services)	<input type="checkbox"/> No <input type="checkbox"/> Yes VETCEN1	<input type="checkbox"/> No <input type="checkbox"/> Yes VETCENT	<input type="checkbox"/> No <input type="checkbox"/> Yes VETCENA	<input type="checkbox"/> No <input type="checkbox"/> Yes VETCENE
VA Regional Office (benefits, disability claims, home loans)	<input type="checkbox"/> No <input type="checkbox"/> Yes VAREG1	<input type="checkbox"/> No <input type="checkbox"/> Yes VAREGT	<input type="checkbox"/> No <input type="checkbox"/> Yes VAREGA	<input type="checkbox"/> No <input type="checkbox"/> Yes VAREGE
Military Family Life Consultants (counseling or other supportive services)	<input type="checkbox"/> No <input type="checkbox"/> Yes MFLC1	<input type="checkbox"/> No <input type="checkbox"/> Yes MFLCT	<input type="checkbox"/> No <input type="checkbox"/> Yes MFLCA	<input type="checkbox"/> No <input type="checkbox"/> Yes MFLCE
Military One Source (referral services, counseling, education, resources)	<input type="checkbox"/> No <input type="checkbox"/> Yes MOS1	<input type="checkbox"/> No <input type="checkbox"/> Yes MOST	<input type="checkbox"/> No <input type="checkbox"/> Yes MOSA	<input type="checkbox"/> No <input type="checkbox"/> Yes MOSE
MONG Chaplaincy (spiritual care, counseling, Strong Bonds Marriage Retreats, relationship building)	<input type="checkbox"/> No <input type="checkbox"/> Yes NGCHAP1	<input type="checkbox"/> No <input type="checkbox"/> Yes NGCHAPT	<input type="checkbox"/> No <input type="checkbox"/> Yes NGCHAPA	<input type="checkbox"/> No <input type="checkbox"/> Yes NGCHAPE
MONG State Family Programs (youth programs, family readiness groups, family resiliency training, Family Assistance Centers)	<input type="checkbox"/> No <input type="checkbox"/> Yes NGFAMP1	<input type="checkbox"/> No <input type="checkbox"/> Yes NGFAMPT	<input type="checkbox"/> No <input type="checkbox"/> Yes NGFAMPA	<input type="checkbox"/> No <input type="checkbox"/> Yes NGFAMPE
Missouri Veterans Commission (state veteran benefits)	<input type="checkbox"/> No <input type="checkbox"/> Yes MVC1	<input type="checkbox"/> No <input type="checkbox"/> Yes MVCT	<input type="checkbox"/> No <input type="checkbox"/> Yes MVCA	<input type="checkbox"/> No <input type="checkbox"/> Yes MVCE
Veteran Service Organizations (VFW, American Legion, DAV)	<input type="checkbox"/> No <input type="checkbox"/> Yes VSO1	<input type="checkbox"/> No <input type="checkbox"/> Yes VSOT	<input type="checkbox"/> No <input type="checkbox"/> Yes VSOA	<input type="checkbox"/> No <input type="checkbox"/> Yes VSOE
MONG Safety Office (Composite Risk Management and injury prevention)	<input type="checkbox"/> No <input type="checkbox"/> Yes NGSAFE1	<input type="checkbox"/> No <input type="checkbox"/> Yes NGSAFET	<input type="checkbox"/> No <input type="checkbox"/> Yes NGSAFEA	<input type="checkbox"/> No <input type="checkbox"/> Yes NGSAFEE
MONG Legal Services (Judge Advocate General/JAG, consultation on legal issues)	<input type="checkbox"/> No <input type="checkbox"/> Yes NGLGL1	<input type="checkbox"/> No <input type="checkbox"/> Yes NGLGLT	<input type="checkbox"/> No <input type="checkbox"/> Yes NGLGLA	<input type="checkbox"/> No <input type="checkbox"/> Yes NGLGLE

Washington University POST Yellow Ribbon Reintegration Program Survey
VARIABLE NAMES IN RED

Section IV: Please rate the following as you feel right now about:		Poor	Fair	Average	Good	Excellent
1.	Your knowledge of facts concerning post-deployment reintegration issues. KNOW1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2.	Your knowledge of warning signs for problems with post-deployment reintegration. KNOW2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3.	Your knowledge of how to ask someone if he/she is experiencing problems with post-deployment reintegration. KNOW3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4.	Your knowledge of how to get help with post-deployment reintegration. KNOW4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5.	Your knowledge of information about local resources for help with post-deployment reintegration. KNOW5	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.	Your ability to ask someone if he/she is having problems with post-deployment reintegration. KNOW6	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7.	The likelihood you will ask a person you believe has a problem with post-deployment reintegration if he/she needs help. KNOW7	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8.	Your ability to persuade a person who has a problem with post-deployment reintegration to get help. KNOW8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9.	Your ability to ask for help if <u>you</u> were having problems with post-deployment reintegration. KNOW9	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10.	The likelihood you would ask for help if you were having problems with post-deployment reintegration. KNOW10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Washington University POST Yellow Ribbon Reintegration Program Survey

VARIABLE NAMES IN RED

Section V. For each item, please indicate whether you disagree (0), somewhat disagree (1), are undecided (2), somewhat agree (3), or agree (4). The term *professional* refers to individuals who have been trained to deal with mental health problems (e.g. psychologists, psychiatrists, social workers, chaplains, and family physicians). The term *psychological problem* refers to reasons one might visit a professional. For example, repeated disturbing memories or thoughts of a traumatic experience; feeling down, depressed or hopeless; or excessive anxiety or worry.

		Disagree	Somewhat disagree	Are undecided	Somewhat agree	Agree
1.	I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems. STIGMA1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2.	I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems. STIGMA2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3.	If good friends asked my advice about a psychological problem, I might recommend that they see a professional. STIGMA3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4.	Having been mentally ill carries with it a burden of shame. STIGMA4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5.	If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy. STIGMA5	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.	If I were to experience psychological problems, I could get professional help if I wanted to. STIGMA6	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7.	Important people in my life would think less of me if they were to find out that I was experiencing psychological problems. STIGMA7	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8.	It would be relatively easy for me to find the time to see a professional for psychological problems. STIGMA8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9.	I would want to get professional help if I were worried or upset for a long period of time. STIGMA9	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10.	I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it. STIGMA10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11.	Having been diagnosed with a mental disorder is a blot on a person's life. STIGMA11	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12.	If I believed I were having a mental					

Washington University POST Yellow Ribbon Reintegration Program Survey
 VARIABLE NAMES IN RED

	breakdown, my first inclination would be to get professional attention. STIGMA12	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13.	I would feel uneasy going to a professional because of what some people would think. STIGMA13	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14.	I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family. STIGMA14	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15.	Had I received treatment for psychological problems, I would not feel that it ought to be "covered up." STIGMA15	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16.	I would be embarrassed if my neighbor saw me going into the office of a professional who deals with psychological problems. STIGMA16	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section VI. Are there things we did not ask you that you would like to share or that you think should be included in this questionnaire? If yes, please describe. **SHARE_S**

Please record the date and time you completed this post-survey.

Date _____ **Date Completed**

Time _____ **Time Completed**

Thank You for Your Time.

Drive Home Safely!

Washington University POST Yellow Ribbon Reintegration Program Survey
VARIABLE NAMES IN RED

Time 4 (T4) Soldier Interview 10_21_2011

All numerical sub-variables end with .00,
which is not always specified due to
space restrictions.

1. Interviewer Preliminary Items

(Interviewer: Before beginning the interview, please complete the items on this page.)

1. Subject Number

 T4IPI1

2. What is the date and time this interview began? T4IPI2

MM DD YYYY HH MM AM/PM
Date & Time / / :

3. Interviewer ID

 T4IPI3

4. Confirm T4 or T7 Interview

T4IPI4

- T4 ** 1.00
- T7 2.00

5. Confirm Sample

T4IPI5

- Service member experimental group ** 1.00
- Service member control (Be sure to complete IASMHS)** 2.00
- Supporter 3.00

** CHECK IN: This interview is used for T4 service member experimental group and control group.

(Interviewer: Before beginning the interview, make sure the respondent has the packet of materials for participating in the interview. And explain that the packet contains a show card booklet which provides the response options for some questions.)

Time 4 (T4) Soldier Interview 10_21_2011

2. Introductory Script

Interviewer Read:

Before we begin, I want to convey my sincere thanks to you for taking time to participate. All of the questions asked in this interview are important and will contribute to the knowledge that will help current and future veterans and their families with reintegration after deployment.

Time 4 (T4) Soldier Interview 10_21_2011

3. Demographics

Interviewer Read: In studies like these, we normally like to get a little background information. I'd like to start by asking you a few questions about yourself.

1. What is your gender? T4DEMO1

(Interviewer: If already known by respondent's name and voice, no need to ask.)

- Male 1.00
- Female 2.00

2. How old are you? T4DEMO2

(Interviewer: Select 98 if don't know, select 99 if refused.)

Age

Select

1.00 (18) - 63.00 (80), 64 is 98, 65 is 99

3. Are you of Spanish, Hispanic, or Latino origin? T4DEMO3

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

4. For this next question, you will need the show card booklet. Please turn to page 2, card A1. This card has some various races listed. Please tell me all the groups that apply to you.

(Interviewer: If respondent reports "F. Other", please fill in the specify field. Respondent does not have "G. Don't Know" or "H. Refused" listed as choices in the show card booklet.)

(Interviewer: Check all that apply)

- A. Caucasian / White T4DEMO_RACE1
- B. African American / Black T4DEMO_RACE2
- C. Asian American T4DEMO_RACE3
- D. American Indian / Alaskan Native T4DEMO_RACE4
- E. Native Hawaiian / Pacific Islander T4DEMO_RACE5
- F. Other T4DEMO_RACE6
- G. Don't Know T4DEMO_RACE7
- H. Refused T4DEMO_RACE8

Other (please specify)

T4DEMO_RACE9

5. Are you currently Married, Divorced or Separated, Widowed, or Never Been Married?

T4DEMO_MARR1

(Interviewer: If respondent reports Never Married, Don't Know, or Refused skip to Question 8).

- Never Married (Skip to Question 8) 1.00
- Married 2.00
- Divorced or Separated 3.00
- Widowed 4.00
- Don't Know (Skip to Question 8) 5.00
- Refused (Skip to Question 8) 6.00

Time 4 (T4) Soldier Interview 10_21_2011

6. How many years have you been_____? (Interviewer Insert: Married, Divorced, Separated, or Widowed based on previous response.)

(Interviewer: Record number of years (and/or months if offered) respondent has been Married, Divorced or Separated, or Widowed) using the drop down menus in the corresponding row below.)

(Interviewer: Once you record the number of years / months married, ask Question 7. Once you record the number of years / months divorced, separated, or widowed, skip to Question 8.)

(Interviewer: select 98 for don't know and 99 for refused.)

1(0) - 51(50), 52 is 98, 53 is 99 Number of Years

1(1) -12(12), 13 is 98, 14 is 99

Number of Months (only if less than one year or offered)

Married (Go Q7)

T4DEMO_MARR2

T4DEMO_MARR3

Divorced or Separated (Go Q8)

T4DEMO_MARR4

T4DEMO_MARR5

Widowed (Go Q8)

T4DEMO_MARR6

T4DEMO_MARR7

7. Are you currently living with your spouse?

T4DEMO_MARR8

(Interviewer: This version of the question is asked ONLY IF respondent reported being currently married. After asking this question, skip to question 9.)

- No (Skip to Question 9) 1.00
- Yes (Skip to Question 9) 2.00
- Don't know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

8. Are you currently living with a significant other or partner?

T4DEMO_MARR9

(Interviewer: This question is asked ONLY IF respondent reports being never married, divorced or separated, or widowed.)

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

9. Do you have any children? T4DEMO_CHI1

(Interviewer: If no, don't know or refused, skip to question 12.)

- No (Skip to Question 12) 1.00
- Yes 2.00
- Don't know (Skip to Question 12) 3.00
- Refused (Skip to Question 12) 4.00

10. How many children do you have? T4DEMO_CHI2

(Interviewer: Select the number of children. If more than 12, select 13. If respondent doesn't know, select 98. If respondent refuses, select 99. Include step children if respondent considers them his/her children.)

Number of Children	
Select	1(0)-14(13), 15 is 98, 16 is 99

11. Starting with the youngest, how old is each child?

(Interviewer: Paraphrase the question if respondent only reported one child.)

(Interviewer: If needed to keep track, write the first name and age on a piece of paper. Record the age for each child below. If more than 9 children reported, start with youngest and record ages for first 9. If respondent does not know, select 98. If respondent refuses, select 99. If less than 1 year old, select 0.)

For all child ages, 1(1) - 50(50), 51 is 98, 52 is 99, 53 is 0

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9	Child 10
Select									

T4DEMO_CHI3 T4DEMO_CHI4 T4DEMO_CHI5 T4DEMO_CHI6 T4DEMO_CHI7 T4DEMO_CHI8 T4DEMO_CHI9

T4DEMO_CHI10

T4DEMO_CHI11

Time 4 (T4) Soldier Interview 10_21_2011

12. Are any children CURRENTLY living with you? T4DEMO_CHI12

(Interviewer: Ask this question version if skip from question 9.)

Are any of these children CURRENTLY living with you?

(Interviewer: Ask this question version if asked question 11.)

(Interviewer: If no, don't know, or refused, skip to 14.)

- No (Skip to Question 14) 1.00
- Yes 2.00
- Don't know (Skip to Question 14) 3.00
- Refused (Skip to Question 14) 4.00

13. Are any of these children living with you under age 18? T4DEMO_CHI13

(Interviewer: If needed, you may rephrase this question to fit the context of the previous response.)

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

14. What is the highest education level you have COMPLETED?

T4DEMO_EDCOMP1

- Did not graduate from high school 1.00
- GED 2.00
- High school diploma 3.00
- Trade or technical school graduate 4.00
- Some college 5.00
- 2-year Associates degree 6.00
- 4-year college degree (BA, BS, or equivalent) 7.00
- Graduate or professional study but no graduate degree 8.00
- Graduate or professional degree 9.00

15. Are you currently in the ARMY National Guard OR the AIR National Guard? T4DEMO_NGX1

(Interviewer: If information is already known, just phrase question to confirm your understanding. For example "I just want to make sure we have this right. You are in the Army National Guard, right?"

- Army National Guard 1.00
- Air National Guard 2.00

Other (please specify)

T4DEMO_NGX2

16. What is your most recent alpha numeric MOS code?

T4DEMO_MOS1

17. Please look at card B1 on page 3 of your booklet. Please tell me your current pay grade.

(Interviewer: Select 98 for don't know, select 99 for refused.)

T4DEMO_PGRADE1

Enlisted(E#)

T4DEMO_PGRADE2

Officer(O#)

T4DEMO_PGRADE3

Warrant Officer(W#)

Select

1(E1) - 9(E9), 10 is 98, 11 is 99 1(O1) - 10(O10), 11 is 98, 12 is 99 1(W1) - 5(W5), 6 is 98, 7 is 99

18. What age were you deployed for the first time?

T4DEMO_AFD1

Time 4 (T4) Soldier Interview 10_21_2011

19. Now, I would like to ask you about a few dates related to your MOST RECENT DEPLOYMENT.

(Interviewer: IF APPLICABLE read the following.) These dates will also be used for your spouse or significant other's interview.

What month and year did you depart the continent of the United States for your MOST RECENT DEPLOYMENT?

(Interviewer: Select 98 for don't know, select 99 for refused.)

1(1) - 12(12), 13 is 98, 14 is 99
Month Deployed

1(2009) - 7(2015), 8 is 98, 9 is 99
Year Deployed

Deployed

T4DEMO_MMRD1

T4DEMO-YMRD1

20. What month and year did you return to the continent of the United States for your MOST RECENT DEPLOYMENT?

(Interviewer: Select 98 for don't know, select 99 for refused.)

1(1) - 12(12), 13 is 98, 14 is 99
Month Returned

1(2009) - 7(2015), 8 is 98, 9 is 99
Year Returned

Deployment Dates

T4DEMO_MRRD1

T4DEMO_YRMRD1

21. (Interviewer: Re-enter deployment dates for MOST RECENT DEPLOYMENT. Your re-entry will allow the dates to auto populate for later questions that depend upon these dates.)

****Most Recent Deployment Dates (Month / Year - Month / Year)**

(Example format: May 2001 - April 2002)

T4DEMO_MRDD1

22. (Interviewer: Please insert month and year returned from MOST RECENT DEPLOYMENT in the box below. This will allow the information to auto populate for future questions.)

****Month and Year returned from MOST RECENT DEPLOYMENT (Month / Year)**

(Example format: April 2002)

T4DEMO_MRDRD1

Time 4 (T4) Soldier Interview 10_21_2011

23. What was the mobilization date for your MOST RECENT DEPLOYMENT? I only need the month and year.

1(1) - 12(12), 13 is 98, 14 is 99
MOB Month

1(2009) - 7(2015), 8 is 98, 9 is 99
MOB Year

MOB Date

T4DEMO_MMOBMRD1

T4DEMO_YMOBMRD1

24. (Interviewer: Re-enter mobilization date for MOST RECENT DEPLOYMENT. This will allow the mobilization date to auto populate for future questions.)

****Mobilization Date Format (Month / Year)**

(Example format: April 2001)

T4DEMO_MOBD1

25. (Interviewer: Calculate the one year period of time before the respondent's mobilization date for MOST RECENT DEPLOYMENT and enter below.)

****One Year period before mobilization Month / Year - Month / Year**

T4DEMO_YB4MOB1

26. Overall, can you briefly describe your MOST RECENT DEPLOYMENT for me.

T4DEMO_MRDESC1

(Interviewer: As needed say "Tell me a little more about that" or "Can you say a little more?").

Time 4 (T4) Soldier Interview 10_21_2011

4. Active and Reserve Military History

Interviewer Read: Now some basic questions about your military history before you joined the National Guard.

1. Have you ever served as a member of the active duty military BEFORE joining the National Guard? T4AD1

(Interviewer: As needed read "By active duty military, I mean as part of a regular active duty branch of service, not activated as part of the Reserves or National Guard." Record no if only activated as a member of the reserves. This question is asked below.)

(Interviewer: If respondent answers no, don't know, or refused, skip to question 5.)

- No (skip to question #5) 1.00
- Yes 2.00
- Don't Know (skip to question #5) 3.00
- Refused (skip to question #5) 4.00

2. How many years total did you serve as a member of the active duty military BEFORE joining the National Guard? T4AD_TOTYRS1

(Interviewer: Select 98 for don't know, 99 for refused, and 0 for less than one year.)

Total Years

Total Years

1(0) - 31(30), 32 is 98, 33 is 99

3. What year did you join the active duty military for the first time? T4AD_YOJ1

(Interviewer: Select 9998 for Don't Know, Select 9999 for Refused.)

Year joined Active Duty

Year joined Active Duty

1(1965) - 48(2014), 49 is 9998, 50 is 9999

Time 4 (T4) Soldier Interview 10_21_2011

4. What branch of service did you serve on active duty before joining the National Guard?

(Interviewer: If more than one, select all that apply.)

- Army T4AD_BR1
- Navy T4AD_BR2
- Air Force T4AD_BR3
- Marine Corps T4AD_BR4
- Coast Guard T4AD_BR5
- Don't know T4AD_BR6
- Refused T4AD_BR7

5. Did you ever serve in the Reserves BEFORE joining the National Guard? T4RES1

(Interviewer: If respondent answers no, don't know, or refused, skip to question 9.)

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

6. How many years in total did you serve in the Reserves BEFORE joining the National Guard? T4RES_TOTYRS1

(Interviewer: Select 98 for don't know, and 99 for refused. Select 0 for less than 1 year)

Total Years

Total Years

1(0) - 31(30), 32 is 98, 33 is 99

7. What year did you join the Reserves for the first time? T4RES_YOJ1

(Interviewer: Select 9998 for Don't Know, Select 9999 for Refused.)

Year joined Reserves

Year joined Reserves

1(1965) - 48(2014), 49 is 9998, 50 is 9999

Time 4 (T4) Soldier Interview 10_21_2011

8. What branch of the Reserves did you serve in before joining the National Guard?

(Interviewer: If more than one, select all that apply.)

- Army Reserves T4RES_BR1
- Navy Reserves T4RES_BR2
- Air Force Reserves T4RES_BR3
- Marine Corps Reserves T4RES_BR4
- Coast Guard Reserves T4RES_BR5
- Don't know T4RES_BR6
- Refused T4RES_BR7

9. (Interviewer: If the respondent reported serving on active duty (Question 1) OR in the Reserves (Question 5), ask the following question. Otherwise skip to next module.)

T4OVRSDPL1

Did you serve on an overseas deployment for which you received hazardous duty pay before joining the National Guard?

Interviewer: If no, skip to next module).

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

10. Where did you serve BEFORE joining the National Guard?(Interviewer: Select all that apply.)

(Interviewer: If needed, clarify that this question is for where the respondent served when in the active duty military or reserves and when receiving hazardous duty pay before joining the National Guard.)

(Interviewer As Needed: If respondent reports prior deployment on Active Duty / Reserves, let the respondent know we ask more about previous deployments in the next interview in a few months, but for this interview we are mainly focusing on his/her MOST RECENT DEPLOYMENT with the National Guard.)

- Afghanistan T4SERV_LOC1
- Iraq T4SERV_LOC2
- OTHER (please specify) T4SERV_LOC3
 T4SERV_LOC_OT3

Time 4 (T4) Soldier Interview 10_21_2011

5. Pre-Deployment Life Events

Interviewer Read: Next, let's focus on experiences you may have had BEFORE you turned 18. As I read you a series of events, I will want you to tell me Yes or No whether you experienced that event before age 18.

1. Before you turned age 18, did you...

(Interviewer: Once the respondent understands the question applies to experiences before age 18, shorten the question to "Did you...?" and then eventually just read the experience without asking the question.)

Did you...?

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1....live in a family that did a lot of things together? T4PREDL1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2....have at least one adult caregiver that you felt was there for you? T4PREDL2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3....have a parent who had a problem with drugs or alcohol? T4PREDL3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4....have parents that divorced/seperated? T4PREDL4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5....spend time in foster care? T4PREDL5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Did you see or hear physical fighting between your parents or caregivers? **T4PREDL6**

- No (Skip to Question 4) **1.00**
- Yes **2.00**
- Don't Know (Skip to Question 4) **3.00**
- Refused (Skip to Question 4) **4.00**

3. Did that happen one time, two-three times, several times a year, or weekly? **T4PREDL_D6**

- One time **1.00**
- Two-three times **2.00**
- Several times a year **3.00**
- Weekly **4.00**

Time 4 (T4) Soldier Interview 10_21_2011

4. Did you experience being physically punished by a parent or primary caregiver? T4PREDLE7

- No (Skip to Question 6) 1.00
- Yes 2.00
- Don't Know (Skip to Question 6) 3.00
- Refused (Skip to Question 6) 4.00

5. Did that happen one time, two-three times, several times a year, or weekly? T4PREDLE_D7

- One time 1.00
- Two-three times 2.00
- Several times a year 3.00
- Weekly 4.00

6. Before you turned age 18, did you experience being physically injured by another person (for example, hit, kicked, or beaten up)? T4PREDLE8

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

7. Was that from someone in your own family? T4PREDLE_FAM8

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

8. Did that happen one time, two-three times, several times a year, or weekly? T4PREDLE_D8

- One time 1.00
- Two-three times 2.00
- Several times a year 3.00
- Weekly 4.00

Time 4 (T4) Soldier Interview 10_21_2011

9. Before you turned age 18, did you experience being emotionally mistreated (for example, shamed, embarrassed, ignored, or repeatedly told you were no good)? T4PREDLE9

- No (Skip to Question 12) 1.00
- Yes 2.00
- Don't Know (Skip to Question 12) 3.00
- Refused (Skip to Question 12) 4.00

10. Was that from someone in your own family? T4PREDLE_FAM9

- No (Skip to Question 12) 1.00
- Yes 2.00
- Don't Know (Skip to Question 12) 3.00
- Refused (Skip to Question 12) 4.00

11. Did that happen one time, two-three times, several times a year, or weekly? T4PREDLE_D9

- One time 1.00
- Two-three times 2.00
- Several times a year 3.00
- Weekly 4.00

12. Before you turned age 18, did you experience unwanted sexual activity as a result of force, threat of harm, or manipulation? T4PREDLE10

- No (Skip to Question 15) 1.00
- Yes 2.00
- Don't Know (Skip to Question 15) 3.00
- Refused (Skip to Question 15) 4.00

13. Was that from someone in your own family? T4PREDLE_FAM10

- No (Skip to Question 15) 1.00
- Yes 2.00
- Don't Know (Skip to Question 15) 3.00
- Refused (Skip to Question 15) 4.00

Time 4 (T4) Soldier Interview 10_21_2011

14. Did that happen one time, two-three times, several times a year, or weekly? T4PREDLE_D10

- One time 1.00
- Two-three times 2.00
- Several times a year 3.00
- Weekly 4.00

15. Now, I will read you another series of experiences. Please respond Yes or No whether you had the experience BEFORE you were deployed for the first time at age [Q23].

(Interviewer: Once the respondent understands the question pattern just ask "Did you experience...?" or just read the experience without asking the question. However, use the full question including age every fourth item.)

Before age [Q23], did you experience...?

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1. ...exposure to a war zone as a civilian? T4PREDLE11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...a natural disaster, a fire, or an accident in which you were hurt or had your property damaged? T4PREDLE12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...a serious operation? T4PREDLE13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...someone close to you with a severe mental illness or life threatening physical illness? T4PREDLE14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 ...the death of someone close to you? T4PREDLE15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...going through a divorce or being left by a partner or significant other? T4PREDLE16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...losing your job? T4PREDLE17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...witnessing someone being assaulted or violently killed? T4PREDLE18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...a stressful legal problem (for example, being sued or suing someone else)? T4PREDLE19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...being robbed or had your home broken into? T4PREDLE20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ...having a family member with a serious drug or alcohol problem? T4PREDLE21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

12. ...you or your partner
becoming pregnant for the
first time?

T4PREDLE22

13. ...having to care for a
special needs child or a
child with a serious medical
problem or disability?

T4PREDLE23

Time 4 (T4) Soldier Interview 10_21_2011

6. Life Before Most Recent Deployment

Interviewer Read: Next I would like to focus on your life experiences just before your mobilization for YOUR MOST RECENT DEPLOYMENT.

1. Were you enrolled in a higher educational program through a university, college, or trade or technical school any time during the YEAR BEFORE YOUR MOBILIZATION from [Q30]? T4LBMRD_ED1

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

2. During the YEAR BEFORE YOUR MOBILIZATION from [Q30], did you work at least part-time for 1 month? T4LBMRD_EMP1

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

3. How many months did you work at least 30 hours per week during the ONE YEAR BEFORE YOUR MOBILIZATION?

(Interviewer: If respondent reports less than 1 full month, select 1 month. Round to the nearest whole month if respondent gives you a partial month (e.g. 2.5 months or 2 1/2 months should be 3 months.))

Number of Months

Number of Months

1(0) - 13(12)

T4LBMRD_EMP2

Time 4 (T4) Soldier Interview 10_21_2011

7. Pre-Deployment Physical Health

For this next section, you will need Card C1 on page 4. (Pause)

1. Card C1 describes some common health concerns and conditions. As I read each item, please tell me Yes or No if you had the health concern or condition any time during the YEAR BEFORE YOUR MOBILIZATION from [Q30].

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Memory problems or lapses T4PREDPH1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Balance problems or dizziness T4PREDPH2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Ringing in the ears T4PREDPH3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sensitivity to bright light T4PREDPH4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Irritability T4PREDPH5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Headaches T4PREDPH6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Sleep problems T4PREDPH7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Chronic cough T4PREDPH8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Runny nose T4PREDPH9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Fever T4PREDPH10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Weakness T4PREDPH11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Swollen, stiff, or painful joints (such as knees, shoulders, ankles, and elbows) T4PREDPH12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Back pain T4PREDPH13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Muscle aches T4PREDPH14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Numbness or tingling in hands or feet T4PREDPH15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Skin diseases or rashes T4PREDPH16		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Redness of eyes with tearing T4PREDPH17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. Dimming of vision (like the lights were going out) T4PREDPH18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. Chest pain or pressure T4PREDPH19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. Racing heart or heart palpitations T4PREDPH20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U. Difficulty breathing or shortness of breath T4PREDPH21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Diarrhea, vomiting, or frequent indigestion T4PREDPH22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
W. Taking more risks such T4PREDPH23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

as driving faster

X. Hearing loss **T4PREDPH24**

Y. Blurred vision **T4PREDPH25**

Z. Chronic fatigue **T4PREDPH26**

AA. Making more mental
mistakes than in the past **T4PREDPH27**

BB. Sexual dysfunction or
other sexual problems **T4PREDPH28**

2. Now, please follow along with me using card C2 on the next page. (pause) As I read each item, please tell me Yes or No if a doctor told you that you had OR you were treated for any of the following conditions during the YEAR BEFORE YOUR MOBILIZATION. (pause)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Asthma, emphysema, chronic bronchitis, or chronic obstructive pulmonary disease T4PREDPH_DOC1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Hypertension or high blood pressure T4PREDPH_DOC2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Diabetes T4PREDPH_DOC3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Respiratory illness T4PREPDH_DOC4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Myocardial infarction, heart attack, or heart problems (including angina and chest pain) T4PREDPH_DOC5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. High cholesterol T4PREDPH_DOC6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Serious wound or injury T4PREDPH_DOC7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Cancer T4PREDPH_DOC8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. What about any other physical health conditions? T4PREDPH_DOC9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

T4PREDPH_DOC_OT9

Time 4 (T4) Soldier Interview 10_21_2011

8. Pre-deployment Psychological problems

For this next section we will focus on common PSYCHOLOGICAL PROBLEMS and other concerns that you may have had any time during the YEAR BEFORE YOUR MOBILIZATION.

1. During the YEAR BEFORE YOUR MOBILIZATION from [Q30], did you experience repeated disturbing memories or thoughts of a traumatic experience? T4PREDPSYH1

- No (Skip to Question 3) 1.00
- Yes 2.00
- Don't Know (Skip to Question 3) 3.00
- Refused (Skip to Question 3) 4.00

2. Did that last two weeks or longer? T4PREDPSYH_D1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

3. During the YEAR BEFORE YOUR MOBILIZATION from [Q30], did you experience feeling down, depressed, or hopeless? T4PREDPSYH2

- No (Skip to Question 5) 1.00
- Yes 2.00
- Don't Know (Skip to Question 5) 3.00
- Refused (Skip to Question 5) 4.00

4. Did that last two weeks or longer? T4PREDPSYH_D2

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

5. During the YEAR BEFORE YOUR MOBILIZATION, did you experience excessive anxiety or worry? T4PREDPSYH3

- No (Skip to Question 7) 1.00
- Yes 2.00
- Don't Know (Skip to Question 7) 3.00
- Refused (Skip to Question 7) 4.00

6. Did that last two weeks or longer? T4PREDPSYH_D3

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

7. During the YEAR BEFORE YOUR MOBILIZATION, did you experience problems with anger management? T4PREDPSYH4

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

8. Did that last two weeks or longer? T4PREDPSYH_D4

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

9. During the YEAR BEFORE YOUR MOBILIZATION, did you experience an alcohol use problem? T4PREDPSYH5

- No (Skip to Question 11) 1.00
- Yes 2.00
- Don't Know (Skip to Question 11) 3.00
- Refused (Skip to Question 11) 4.00

Time 4 (T4) Soldier Interview 10_21_2011

10. Did that last two weeks or longer? T4PREDPSYH_D5

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

11. During the YEAR BEFORE YOUR MOBILIZATION, did you smoke cigarettes or use other tobacco? T4PREDPSYH6

- No (Skip to Question 13) 1.00
- Yes 2.00
- Don't Know (Skip to Question 13) 3.00
- Refused (Skip to Question 13) 4.00

12. Did you use it two weeks or longer? T4PREDPSYH_D6

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

13. During the YEAR BEFORE YOUR MOBILIZATION, did you have another substance use problem (other than alcohol or tobacco)? T4PREDPSYH7

- No (Skip to Question 15) 1.00
- Yes 2.00
- Don't Know (Skip to Question 15) 3.00
- Refused (Skip to Question 15) 4.00

14. Did that last two weeks or longer? T4PREDPSYH_D7

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

15. During the YEAR BEFORE YOUR MOBILIZATION, did you have any other psychological problem or other concern? T4PREDPSYH8

- No (Skip to Question 18) 1.00
- Yes 2.00
- Don't Know (Skip to Question 18) 3.00
- Refused (Skip to Question 18) 4.00

16. What was the other psychological problem or other concern? T4PREDPSYH_PR8

Problem or Concern

17. Did that last two weeks or longer? T4PREDPSYH_D8

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

18. During the year before your MOBILIZATION, did you take any medication prescribed to you because of a psychological problem? T4PREDPSYH_MED1

- No (Skip to Question 20) 1.00
- Yes 2.00
- Don't know (Skip to Question 20) 3.00
- Refused (Skip to Question 20) 4.00

19. What prescribed medication(s) did you take?

(Interviewer: If respondent offers more than three medicines, it is okay to fill in multiple medicines in the same field.)

(Interviewer: If respondent offers one or two medicines only, be sure to inquire if there was anything else.)

Medication 1

T4PREDPSYH_MED2

Medication 2

T4PREDPSYH_MED3

Medication 3

T4PREDPSYH_MED4

Time 4 (T4) Soldier Interview 10_21_2011

20. During the year before your MOBILIZATION, did you see a professional for any psychological problem? By professional I mean a psychologist, psychiatrist, social worker, chaplain, or family physician. T4PREDPSYH_PROF1

- No (Skip to Question 24) 1.00
- Yes 2.00
- Don't Know (Skip to Question 24) 3.00
- Refused (Skip to Question 24) 4.00

21. Did the professional tell you a diagnosis for the psychological problem(s)? T4PREDPSYH_DX1

- No (Skip to Question 23) 1.00
- Yes 2.00
- Don't know (Skip to Question 23) 3.00
- Refused (Skip to Question 23) 4.00

22. Please tell me what diagnosis you were told.

Anything else?

(Interviewer: If more than three, ask respondent for the three most serious diagnoses.)

(Interviewer: If the respondent reports only one or two diagnoses be sure to probe if there was anything else.)

(Interviewer: Complete this question and then skip to Question 24.)

MH Dx 1	<input type="text"/>	T4PREDPSYH_DX2
MH Dx 2	<input type="text"/>	T4PREDPSYH_DX3
MH Dx 3	<input type="text"/>	T4PREDPSYH_DX4

23. (Interviewer: This question is asked only if the psychological health professional did NOT tell the respondent a diagnosis - Question 22 above NOT asked.)

What did you think you had?

<input type="text"/>	T4PREDPSYH_DX5
----------------------	----------------

Time 4 (T4) Soldier Interview 10_21_2011

24. I will now read you a series of stressful experiences and problems that may have occurred during the YEAR BEFORE YOUR MOBILIZATION. As I read each item, please tell me Yes or No if you experienced the stressor during the YEAR BEFORE YOUR MOBILIZATION.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. A family member with a physical illness T4PREDPSYH_STREXP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. A family member with a psychological problem T4PREDPSYH_STREXP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Employment related problem T4PREDPSYH_STREXP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Financial problem T4PREDPSYH_STREXP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Legal problem T4PREDPSYH_STREXP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Interpersonal problem with a family member T4PREDPSYH_STREXP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Parent child conflict T4PREDPSYH_STREXP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Death of a family member or close friend T4PREDPSYH_STREXP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

9. Concerns about Life and Family Disruption Scale

Interviewer Read: For this next series, please turn to page 6 in the show card booklet.

1. I'm now going to read you a series of questions about concerns you MAY have had BEFORE you deployed for your MOST RECENT DEPLOYMENT. For each question, use the response options on Card D1.

BEFORE you mobilized in [Q29] for your MOST RECENT DEPLOYMENT, how concerned were you about...(insert item)? Would you say (A) not at all, (B) a little, (C) moderately, (D) a great deal or (E) not applicable?

(Interviewer: Once the respondent understands the pattern, you can just use a short stem like "What about....?" or just read the item and allow the respondent to provide the response using the choices on Card D1. Repeat the response choices as needed.)

A. Not at all 1.00 B. A little 2.00 C. Moderately 3.00 D. A great deal 4.00 E. Not applicable .00

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. ...missing out on a promotion at your job back home. T4LFCNCRNS1 | <input type="radio"/> |
| 2. ...missing out on opportunities to start a career while you were away. T4LFCNCRNS2 | <input type="radio"/> |
| 3. ...damaging your career because you would be overseas for a long time. T4LFCNCRNS3 | <input type="radio"/> |
| 4. ...losing touch with your co-workers or supervisors back home. T4LFCNCRNS4 | <input type="radio"/> |
| 5. ...being unable to financially support your family while you were away. T4LFCNCRNS5 | <input type="radio"/> |
| 6. ...harming your relationship with your spouse/significant other. T4LFCNCRNS6 | <input type="radio"/> |
| 7. ...being left by your spouse / significant other. T4LFCNCRNS7 | <input type="radio"/> |
| 8. ...missing out on your children's growth and development while you were away. T4LFCNCRNS8 | <input type="radio"/> |
| 9. ...losing touch with your friends. T4LFCNCRNS9 | <input type="radio"/> |

Time 4 (T4) Soldier Interview 10_21_2011

10. ...missing important events at home such as birthdays, weddings, funerals, graduations, etc. **T4LFCNCRNS10**
11. ...the well-being of your family or friends while you were away. **T4LFCNCRNS11**
12. ...your inability to help your family or friends if they had some type of problem. **T4LFCNCRNS12**
13. ...your inability to directly manage or control family affairs. **T4LFCNCRNS13**
14. ...the care that your children were receiving while you were away. **T4LFCNCRNS14**

Time 4 (T4) Soldier Interview 10_21_2011

10. Most Recent Deployment History

Interviewer Read: Next I am going to ask you a few details related to your MOST RECENT DEPLOYMENT with the National Guard.

1. What country did you spend the MOST time in during your MOST RECENT DEPLOYMENT? T4MRDHX1

(Interviewer: If more than one country, ask the Guard member to select the one he/she spent the most time in.)

- Afghanistan 1.00
- Iraq 2.00
- Other (please specify) .00

T4MRDHX_OT1

2. What was the name of the unit you deployed with for your MOST RECENT DEPLOYMENT? T4MRDHX2

(Interviewer: If more than 1 unit, ask the Guard member to select the one he/she spent the most time with. If unknown, enter UNKNOWN. If Refused, Enter REFUSED.)

3. Were you engaged in combat operations during your MOST RECENT DEPLOYMENT?

- No 1.00 T4MRDHX3
- Yes 2.00
- Don't know 3.00
- Refused 4.00

4. Were you engaged in combat support operations during your MOST RECENT DEPLOYMENT? T4MRDHX4

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

5. During your MOST RECENT DEPLOYMENT overseas, did you receive ANNUAL LEAVE?

T4MRDHX5

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

6. Did you receive EMERGENCY LEAVE?

T4MRDHX6

- No (Skip to question 8) 1.00
- Yes 2.00
- Don't Know (Skip to question 8) 3.00
- Refused (Skip to question 8) 4.00

7. What was the reason you went on emergency leave?

(Interviewer: There is no show card for this question. Please code the most appropriate response from the options below. If needed, you can read the respondent the options below.)

- 1. Family medical emergency T4MRDHX_ELREA1
- 2. Death of a family member T4MRDHX_ELREA2
- 3. Childcare issue T4MRDHX_ELREA3
- 4. Legal issue T4MRDHX_ELREA4
- 5. Financial issue T4MRDHX_ELREA5
- 6. Other issue (please specify below) T4MRDHX_ELREA6

Other (please specify)

T4MRDHX_ELREA6

8. During your MOST RECENT DEPLOYMENT OVERSEAS, did you receive MEDICAL LEAVE? T4MRDHX7

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

Time 4 (T4) Soldier Interview 10_21_2011

9. What was the reason you received medical leave? T4MRDHX_MLREA1

(Interviewer: Briefly describe the reason.)

Time 4 (T4) Soldier Interview 10_21_2011

11. National Guard Deployment History

Interviewer Read: Before I ask you more about your MOST RECENT DEPLOYMENT, I would first like to ask you about your history with the National Guard.

1. How many total years have you served in the National Guard?

(Interviewer: Select 98 for don't know, and 99 for refused. We are looking for total years, so if there is a gap in service, count the total years excluding the gap.)

Total Years	Total Years	T4NGDHX1
1(0) - 31(30), 32 is 98, 33 is 99	<input type="text"/>	

2. What year did you join the National Guard for the first time?

(Interviewer: Select 9998 for Don't Know, Select 9999 for Refused.)

Year joined National Guard	Year joined National Guard	T4NGDHX2
1(1965) - 48(2014), 49 is 9998, 50 is 9999	<input type="text"/>	

3. How many times have you served on an overseas deployment for which you received hazardous duty pay as a member of the National Guard?

(Interviewer: If don't know Select 98, or refused Select 99 and then skip to question 5.)

Number	Number	T4NGDHX3
1(1) - 10(10), 11 is 98, 12 is 99	<input type="text"/>	

Time 4 (T4) Soldier Interview 10_21_2011

4. Where did you serve? (Interviewer: Select all that apply.)

(Interviewer: If respondent reported only 1 deployment for previous question. Then you can rephrase this question to confirm the respondent's prior answer given in the previous module for location of MOST RECENT DEPLOYMENT.)

(Interviewer as needed: If respondent reports 2 or more deployments, let the respondent know we ask more about previous deployments in the next interview in a few months, but for this interview we are mainly focusing on his/her MOST RECENT DEPLOYMENT.)

(Interviewer: If respondent reported more than 1 deployment, please probe to make sure you record all locations.)

- Afghanistan T4NGDHX_LOC1
- Iraq T4DHX_LOC2
- Other (please specify) T4NGDHX_LOC3

5. As a member of the Missouri National Guard, approximately how many times have you been mobilized for state emergency duty, state active duty, or had a federal mobilization stateside for security or disaster response since September 11, 2001?

(Interviewer: Select 98 for don't know, select 99 for refused.)

Total Number of Mobilizations

Total Mobilizations 1(0) - 21(20), 22 is 98, 23 is 99

Time 4 (T4) Soldier Interview 10_21_2011

12. Combat Experiences

1. For the next section we will use Card E1 on page 7. Please turn to this page now. You will see a list of possible combat and other experiences you may have had during your MOST RECENT DEPLOYMENT from [Q26].

Did you experience item A "clearing and searching homes or buildings" during your MOST RECENT DEPLOYMENT?

Did you experience (insert letter of item AND read experiences for B and C on the list)?

(Interviewer: After inquiring about items A-C on the list, just say the letter of the item for those in brackets [] (DO NOT READ THE EXPERIENCE ALOUD). However, full items F, M and P should be read. Further, as needed, use a variety of shorter stem questions such as "What about experience (insert letter)?", "Experience (insert letter)?", "What about (insert letter?)")

(Interviewer: Be sure to only record experiences for the respondent's MOST RECENT DEPLOYMENT. Confirm this as needed.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Clearing or searching homes or buildings T4RCOMEXP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Saved the life of a soldier or civilian T4RCOMEXP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Being attacked or ambushed T4RCOMEXP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. [Receiving incoming artillery, rocket, or mortar fire] T4RCOMEXP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. [Being shot at or receiving small-arms fire] T4RCOMEXP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Shooting or directing fire at the enemy T4RCOMEXP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. [Being responsible for the death of an enemy combatant] T4RCOMEXP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. [Being responsible for the death of a noncombatant] T4RCOMEXP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. [Seeing dead bodies or human remains] T4RCOMEXP9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

J. [Handling or uncovering human remains] T4RCOMEXP10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. [Seeing dead or seriously injured Americans] T4RCOMEXP11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. [Knowing someone seriously injured or killed] T4RCOMEXP12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Participating in demining operations T4RCOMEXP13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. [Seeing ill or injured women or children whom you were unable to help] T4RCOMEXP14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. [Being wounded or injured] T4RCOMEXP15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Had a close call, was shot or hit, but protective gear saved you T4RCOMEXP16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. [Had a buddy shot or hit who was near you] T4RCOMEXP17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. [Engaging in hand-to-hand combat] T4RCOMEXP18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. [Sexual harrassment] T4RSEXUH1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. [Sexual assualt] T4RSEXUA1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interviewer Read: Please turn to the next page in your show card booklet.

Time 4 (T4) Soldier Interview 10_21_2011

13. Most Recent Deployment Physical Health, Injury and TBI Screen

Interviewer Read: I'm now going to ask you a few questions about possible health conditions and concerns and deployment injuries you may have experienced DURING your MOST RECENT DEPLOYMENT.

1. First, You will need Card F1 on page 8. (Pause) You may remember this list from earlier.

Card F1 describes some common health concerns and conditions. As I read each item, please tell me Yes or No if you had the health concern or condition at ANY time DURING YOUR MOST RECENT DEPLOYMENT.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Memory problems or lapses T4MRDPH1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Balance problems or dizziness T4MRDPH2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Ringing in the ears T4MRDPH3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sensitivity to bright light T4MRDPH4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Irritability T4MRDPH5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Headaches T4MRDPH6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Sleep problems T4MRDPH7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Chronic cough T4MRDPH8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Runny nose T4MRDPH9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Fever T4MRDPH10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Weakness T4MRDPH11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Swollen, stiff, or painful joints (such as knees, shoulders, ankles, and elbows) T4MRDPH12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Back pain T4MRDPH13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Muscle aches T4MRDPH14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Numbness or tingling in hands or feet T4MRDPH15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Skin diseases or rashes T4MRDPH16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Redness of eyes with tearing T4MRDPH17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. Dimming of vision (like the lights were going out) T4MRDPH18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. Chest pain or pressure T4MRDPH19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. Racing heart or heart palpitations T4MRDPH20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U. Difficulty breathing or shortness of breath T4MRDPH21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

V. Diarrhea, vomiting, or frequent indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
W. Taking more risks such as driving faster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X. Hearing loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Y. Blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Z. Chronic fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AA. Making more mental mistakes than in the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Now, please follow along with me using card F2 on the next page. (pause) As I read each item, please tell me Yes or No if a doctor told you that you had OR you were treated for any of the following conditions DURING YOUR MOST RECENT DEPLOYMENT.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Asthma, emphysema, chronic bronchitis, or chronic obstructive pulmonary disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Hypertension or high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Respiratory illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Myocardial infarction, heart attack, or heart problems (including angina and chest pain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Serious wound or injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. What about any other physical health conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

T4MRDPH_DOC_OT9

Time 4 (T4) Soldier Interview 10_21_2011

3. (Interviewer: As needed, paraphrase this question if respondent reported YES to a "serious wound or injury" for question 2 above.)

During your MOST RECENT DEPLOYMENT, were you wounded, injured, assaulted, or otherwise physically hurt?

(Interviewer: No, Don't Know, or Refused Skip to Question 6) T4MRDPH_INJ1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

4. Can you tell me what the wound, assault, or injury was?

(Interviewer: Rephrase question 2 as needed using the respondent's words. For example, if the respondent says yes to question 1 and adds "I was assaulted." Just use the word assault when asking question #2.)

(Interviewer: If more than three, ask respondent for the three most serious or greatest concerns.)

(Interviewer: If the respondent reports only one or two wounds, assaults, or injuries, be sure to probe if there was anything else.)

Wound 1

T4MRDPH_INJ2

Wound 2

T4MRDPH_INJ3

Wound 3

T4MRDPH_INJ4

5. (Interviewer: Re-enter a brief description of the injury. This will allow the injury/injuries to auto populate for a future question.)

T4MRDPH_INJ5

Time 4 (T4) Soldier Interview 10_21_2011

6. Were you medically evacuated out of country during YOUR MOST RECENT DEPLOYMENT? T4MRDPH_MEDEVAC1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

7. Were you placed on limited duty during YOUR MOST RECENT DEPLOYMENT? T4MRDPH_LMTDDUTY1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

8. For this next series, we will need Card F3 on Page 10. (Pause) As I read the items on Card F3, I would like you to tell me either Yes or No if you experienced it during your MOST RECENT DEPLOYMENT.

I realize these may seem repetitive. Please bear with me.

The first experience is (pause and insert first item).

(Interviewer: After the first item just read each experience with appropriate pause.)

(Interviewer: If the respondent answers no, don't know, or refused, to ALL of the items below skip to next module.)

(Interviewer: Be sure to record only for MOST RECENT DEPLOYMENT. Confirm this occurred for the MOST RECENT DEPLOYMENT as needed.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Blast or explosion (IED, RPG, land mine, grenade, etc.) T4MRDTBI_OCC1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Vehicular accident/crash (any vehicle, including aircraft) T4MRDTBI_OCC2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Fragment wound or bullet wound ABOVE your shoulders T4MRDTBI_OCC3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
D. Fall T4MRDTBI_OCC4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Other event (for example, a sports injury to your head) T4MRCTBI_OCC5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

[T4MRDTBI_OCC_OT5](#)

Time 4 (T4) Soldier Interview 10_21_2011

9. Did any of the following happen to you, or were you told happened to you, IMMEDIATELY after any of the event(s) you just noted on Card F3? (Interviewer: Pause before reading first item.)

(Interviewer: If needed, clarify these next items refer to any of the 5 experiences above.)

(Interviewer: Just read each item, pausing as needed.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
Lost consciousness or got "knocked out" T4MRDTBI1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt dazed, confused, or "saw stars" T4MRDTBI2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have symptom of Didn't remember the event T4MRDTBI3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a concussion T4MRDTBI4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a head injury T4MRDTBI5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Did any of the following problems begin or get worse AFTER the event(s) you noted on Card F3? (Pause before reading first item)

(Interviewer: Just read the item. However, if needed, you may read the short stem question "Have you had...?" before reading each item.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Memory problems or lapses T4MRDTBI6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Balance problems or dizziness T4MRDTBI7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Ringing in the ears T4MRDTBI8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sensitivity to bright light T4MRDTBI9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Irritability T4MRDTBI10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Headaches T4MRDTBI11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Sleep problems T4MRDTBI12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

14. Most Recent Deployment Psychological Health

Interviewer Read: In this next section we will again be focusing on YOUR MOST RECENT DEPLOYMENT. These next questions will focus on common PSYCHOLOGICAL PROBLEMS and other concerns that you may have had any time DURING YOUR MOST RECENT DEPLOYMENT.

1. During YOUR MOST RECENT DEPLOYMENT, did you experience repeated disturbing memories or thoughts of a traumatic experience? T4MRDPSYH1

- No (Skip to Question 3) 1.00
- Yes 2.00
- Don't Know (Skip to Question 3) 3.00
- Refused (Skip to Question 3) 4.00

2. Did that last two weeks or longer? T4MRDPSYH_D1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

3. During YOUR MOST RECENT DEPLOYMENT, did you experience feeling down, depressed, or hopeless? T4MRDPSYH2

- No (Skip to Question 5) 1.00
- Yes 2.00
- Don't Know (Skip to Question 5) 3.00
- Refused (Skip to Question 5) 4.00

4. Did that last two weeks or longer? T4MRDPSYH_D2

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

5. During YOUR MOST RECENT DEPLOYMENT, did you experience excessive anxiety or worry? T4MRDPSYH3

- No (Skip to Question 7) 1.00
- Yes 2.00
- Don't Know (Skip to Question 7) 3.00
- Refused (Skip to Question 7) 4.00

6. Did that last two weeks or longer? T4MRDPSYH_D3

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

7. During YOUR MOST RECENT DEPLOYMENT, did you experience problems with anger management? T4MRDPSYH_D3

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

8. Did that last two weeks or longer? T4MRDPSYH_4

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

9. During YOUR MOST RECENT DEPLOYMENT, did you experience an alcohol use problem? T4MRDPSYH5

- No (Skip to Question 11) 1.00
- Yes 2.00
- Don't Know (Skip to Question 11) 3.00
- Refused (Skip to Question 11) 4.00

Time 4 (T4) Soldier Interview 10_21_2011

10. Did that last two weeks or longer? T4MRDPSYH_D5

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

11. During YOUR MOST RECENT DEPLOYMENT, did you smoke cigarettes or use other tobacco? T4MRDPSYH6

- No (Skip to Question 13) 1.00
- Yes 2.00
- Don't Know (Skip to Question 13) 3.00
- Refused (Skip to Question 13) 4.00

12. Did you use it two weeks or longer? T4MRDPSYH_D6

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

13. During YOUR MOST RECENT DEPLOYMENT, did you have another substance use problem (other than alcohol or tobacco)? T4MRDPSYH7

- No (Skip to Question 15) 1.00
- Yes 2.00
- Don't Know (Skip to Question 15) 3.00
- Refused (Skip to Question 15) 4.00

14. Did that last two weeks or longer? T4MRDPSYH_D7

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

15. During YOUR MOST RECENT DEPLOYMENT, did you have any other psychological problem or other concern? T4MRDPSYH8

- No (Skip to Question 18) 1.00
- Yes 2.00
- Don't Know (Skip to Question 18) 3.00
- Refused (Skip to Question 18) 4.00

16. What was the other psychological problem or other concern?

Problem or Concern

T4MRDPSYH_PR8

17. Did that last two weeks or longer? T4MRDPSYH_D8

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

18. During your MOST RECENT DEPLOYMENT, did you take any medication prescribed to you because of a psychological problem? T4MRDPSYH_MED1

- No (Skip to question 20) 1.00
- Yes 2.00
- Don't know (Skip to question 20) 3.00
- Refused (Skip to question 20) 4.00

19. What prescribed medication(s) did you take?

(Interviewer: If respondent offers more than three medicines, it is okay to fill in multiple medicines in the same field.)

(Interviewer: If respondent offers one or two medicines only, be sure to inquire if there was anything else.)

Medication 1

T4MRDPSYH_MED2

Medication 2

T4MRDPSYH_MED3

Medication 3

T4MRDPSYH_MED4

Time 4 (T4) Soldier Interview 10_21_2011

20. During your MOST RECENT DEPLOYMENT did you see a professional for any psychological problem? T4MRDPSYH_PROF1

- No (Skip to Question 25) 1.00
- Yes 2.00
- Don't Know (Skip to Question 25) 3.00
- Refused (Skip to Question 25) 4.00

21. Using Card G1 on page 11, please tell me where you saw someone for psychological problem(s) during your MOST RECENT DEPLOYMENT. Please tell me all that apply.

(Interviewer: Please probe further until respondent has mentioned all that apply.)

Anything else?

- A. Military hospital overseas T4MRDPSYH_TYPE1
- B. Military hospital stateside T4MRDPSYH_TYPE2
- C. Civilian hospital T4MRDPSYH_TYPE3
- D. Military based outpatient facility overseas T4MRDPSYH_TYPE4
- E. Military based outpatient facility stateside T4MRDPSYH_TYPE5
- F. Combat Stress Control Unit T4MRDPSYH_TYPE6
- G. Military Chaplain Services T4MRDPSYH_TYPE7
- H. Military One Source T4MRDPSYH_TYPE8
- I. Military Family Life Consultant Program T4MRDPSYH_TYPE9
- J. Vet Center (VA Readjustment Counseling Services) T4MRDPSYH_TYPE10
- K. VA Medical Center (VAMC) T4MRDPSYH_TYPE11
- L. VA Outpatient Clinic (VA OPC) T4MRDPSYH_TYPE12
- M. VA Community Based Outpatient Clinic (CBOC) T4MRDPSYH_TYPE13
- N. Primary care doctor in the community through insurance or out of pocket T4MRDPSYH_TYPE14
- O. Any Psychological Health Professional in the community through insurance or out of pocket T4MRDPSYH_TYPE15
- P. Community mental health organization T4MRDPSYH_TYPE16
- Q. Missouri Access Crisis Intervention Hotlines T4MRDPSYH_TYPE17
- R. Mandatory Screening T4MRDPSYH_TYPE18
- S. Other T4MRDPSYH_TYPE19

Other (please specify) T4MRDPSYH_TYPE_OT19

Time 4 (T4) Soldier Interview 10_21_2011

22. Did the professional tell you a diagnosis for the psychological problem(s)? T4MRDPSYH_DX1

- No (Skip to question 24) 1.00
- Yes 2.00
- Don't know (Skip to question 24) 3.00
- Refused (Skip to question 24) 4.00

23. Please tell me what diagnosis you were told.

Anything else?

(Interviewer: If more than three, ask respondent for the three most serious diagnoses.)

(Interviewer: If the respondent reports only one or two diagnoses be sure to probe if there was anything else.)

(Interviewer: Complete this question and then skip to Question 25.)

- MH Dx 1 T4MRDPSYH_DX2
- MH Dx 2 T4MRDPSYH_DX3
- MH Dx 3 T4MRDPSYH_DX4

24. (Interviewer: This question is asked only if the psychological health professional did NOT tell the respondent a diagnosis - Question 23 above NOT asked.)

What did you think you had?

T4MRDPSYH_DX5

Time 4 (T4) Soldier Interview 10_21_2011

25. I will now read you a series of stressful experiences and problems that may have occurred during YOUR MOST RECENT DEPLOYMENT. As I read each item, please tell me Yes or No if you experienced the stressor during your deployment

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. A family member with a physical illness T4MRDPSYH_STREXP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. A family member with a psychological problem T4MRDPSYH_STREXP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Employment related problem T4MRDPSYH_STREXP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Financial problem T4MRDPSYH_STREXP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Legal problem T4MRDPSYH_STREXP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Interpersonal problem with a family member T4MRDPSYH_STREXP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Parent child conflict T4MRDPSYH_STREXP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Death of a family member or close friend T4MRDPSYH_STREXP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

15. Deployment Social Support Scale

1. Please turn to page 12 in your booklet.

The next statements I will read refer to your relationships with other military personnel DURING your MOST RECENT DEPLOYMENT. For each statement, use the response options on Card H1.

The first statement is (read first item). Would you (A) strongly disagree, (B) Somewhat disagree, (C) neither agree nor disagree, (D) Somewhat agree, or (E) strongly agree with this statement with regard to your MOST RECENT DEPLOYMENT?

The next statement is (insert next item). How would you rate this statement using the response options on Card H1?

(Interviewer, once the respondent understands the pattern, just read the statement or use a short statement like "What about...?" and allow the respondent to provide the response using the choices on Card H1. Repeat the response choices as needed.)

	A. Strongly disagree <i>1.00</i>	B. Somewhat disagree <i>2.00</i>	C. Neither agree nor disagree <i>3.00</i>	D. Somewhat agree <i>4.00</i>	E. Strongly agree <i>5.00</i>	Not applicable <i>.00</i>
1. My unit was like family to me. T4DDSS1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I felt a sense of camaraderie between myself and other soldiers in my unit. T4DDSS2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Members of my unit understood me. T4DDSS3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Most people in my unit were trustworthy. T4DDSS4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I could go to most people in my unit for help when I had a personal problem. T4DDSS5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My commanding officer (s) were interested in what I thought and how I felt about things. T4DDSS6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I was impressed by the quality of leadership in my unit. T4DDSS7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My superiors made a real attempt to treat me as a person. T4DDSS8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

9. The commanding officer (s) in my unit were supportive of my efforts. T4DDSS9	<input type="radio"/>					
10. I felt like my efforts really counted to the military. T4DDSS10	<input type="radio"/>					
11. The military appreciated my service. T4DDSS11	<input type="radio"/>					
12. I was supported by the military. T4DDSS12	<input type="radio"/>					

Time 4 (T4) Soldier Interview 10_21_2011

16. Current Education and Employment (post-deployment)

Interviewer Read: Next I would like to ask you questions about your experiences SINCE RETURNING from your MOST RECENT DEPLOYMENT.

1. Are you currently enrolled or registered to attend a higher educational program through a university, college, or trade or technical school? T4DEMO_ED1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

2. For this next question, please use the choices on Card I1 on page 13. Compared to BEFORE your MOST RECENT DEPLOYMENT, how would you rate your current income?

(Interviewer: Respondent does not have choices G and H in the show card booklet.)

T4DEMO_INC2

- A. No income / not working (Skip to next module) 1.00
- B. A lot less 2.00
- C. A little less 3.00
- D. About the same 4.00
- E. A little more 5.00
- F. A lot more 6.00
- G. Don't know 7.00
- H. Refused 8.00

3. Are you currently employed? T4DEMO_EMP1

(Interviewer: If respondent is self-employed, select Yes. If no, don't know or refused skip to next module.)

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

Time 4 (T4) Soldier Interview 10_21_2011

4. How many hours per week do you work? T4DEMO_EMP2

total hours

5. What type of job do you currently have? T4DEMO_EMP3

17. Post-deployment Support

Interviewer Read: Please turn to page 14. (pause)

1. The next statements refer to your experiences in the PAST MONTH. For each statement I read, use the response options on Card J1 focusing of the PAST MONTH period.

The first statement is (read first item). Would you say you (A) strongly disagree, (B) somewhat disagree, (C) neither agree nor disagree, (D) somewhat agree, or (E) strongly agree with this statement?

The next statement is (insert next item). How would you rate this statement using the response options on Card J1?

(Interviewer: Once the respondent understands the pattern, you can just read a short stem like "What about...?" or just read the statement and allow the respondent to provide the response using the choices on Card J1. Repeat the response choices as needed.)

(Interviewer: If needed because the respondent is not working or some other reason, you may tell the respondent he/she may also say "not applicable".)

	A. Strongly disagree	B. Somewhat disagree	C. Neither agree nor disagree	D. Somewhat agree	E. Strongly agree	Not applicable
1. I am carefully listened to and understood by family members or friends. T4PDSUPP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> .00
2. I have a friend or relative who makes me feel better when I am feeling down. T4PDSUPP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have problems that I cannot discuss with family or friends. T4PDSUPP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have a friend or relative I go to when I need good advice. T4PDSUPP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. There are people to whom I can talk about my deployment experiences. T4PDSUPP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The people I work with respect the fact that I am a veteran. T4PDSUPP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My supervisor understands when I need time off to take care of T4PDSUPP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

personal matters.

8. My friends or relatives would lend me money if I needed it. **T4PDSUPP8**

9. My friends or relatives would help me move my belongings if I needed to. **T4PDSUPP9**

10. When I am ill, friends or family members will help out until I am well. **T4PDSUPP10**

Time 4 (T4) Soldier Interview 10_21_2011

18. IASMHS and other (Control Group Only)

(Interviewer: This page is only to be administered to the service member control group. Skip to the next module if you are not interviewing someone from the control group.)

1. (Interviewer: Sample check-in question. Check Control Group below if respondent is member of the service member control group and then complete question 2. Select non control group if not a member of the control group and proceed to next module.)

- Control Group (Proceed to question #2) **1.00** T4IASMHS1
- Not Control Group (Skip to next module) **2.00**

Time 4 (T4) Soldier Interview 10_21_2011

2. I'm going to read you a series of statements. I would like you to rate these areas based upon how you feel right now.

Your response options are located on card K1 on page 15.

How would you rate(insert first item). Would you say A. poor, B. fair, C. average, D. good, or E. excellent?

How about (insert next item). How would you rate that using the response options on Card K1?

(Interviewer: Once the respondent understands the pattern, you can just read a short stem like "What about...?" or just read the statement and allow the respondent to provide the response using the choices on Card K1. Repeat the response choices as needed.)

	A. Poor .00	B. Fair 1.00	C. Average 2.00	D. Good 3.00	E. Excellent 4.00
Your knowledge of facts concerning post-deployment reintegration issues. T4KNOW1	<input type="radio"/>				
Your knowledge of warning signs for problems with post-deployment reintegration. T4KNOW2	<input type="radio"/>				
Your knowledge of how to ask someone if he/she is experiencing problems with post-deployment reintegration. T4KNOW3	<input type="radio"/>				
Your knowledge of how to get help with post-deployment reintegration. T4KNOW4	<input type="radio"/>				
Your knowledge of information about local resources for help with post-deployment reintegration. T4KNOW5	<input type="radio"/>				
Your ability to ask someone if he/she is having problems with post-deployment reintegration. T4KNOW6	<input type="radio"/>				
The likelihood you will ask a person you believe has a problem with post-deployment reintegration if he/she needs help. T4KNOW7	<input type="radio"/>				
Your ability to persuade a T4KNOW8	<input type="radio"/>				

Time 4 (T4) Soldier Interview 10_21_2011

person who has a problem
with post-deployment
reintegration to get help.

Your ability to ask for help if
you were having problems
with post-deployment
reintegration. **T4KNOW9**

The likelihood you would
ask for help if you were
having problems with post-
deployment reintegration. **T4KNOW10**

3. For this next section we will use Card K2 on page 16. Please go ahead and turn to the next page in your show card booklet now.

I will read you a series of statements. For each statement I read use the response options on Card K2.

The first statement is (insert first item). Would you (A)disagree, (B) somewhat disagree, (C) undecided, (D)somewhat agree, or (E) agree with that statement?

The next statement is (insert next item). How would you rate this statement using the response options on Card K2?

(Interviewer: Once the respondent understands the pattern, you can just read a short stem like "What about...?" or just read the statement and allow the respondent to provide the response using the choices on Card K2. Repeat the response choices as needed.)

A. Disagree .00 B. Somewhat disagree 1.00 C. Undecided 2.00 D. Somewhat agree 3.00 E. Agree 4.00

1. I would have a very good
idea of what to do and who
to talk to if I decided to seek
professional help for
psychological problems. **T4STIGMA1**

2. I would not want my
significant other (spouse,
partner, etc.) to know if I
were suffering from
psychological problems. **T4STIGMA2**

3. If good friends asked my
advice about a
psychological problem, I
might recommend that they
see a professional. **T4STIGMA3**

4. Having been mentally ill
carries with it a burden of
shame. **T4STIGMA4**

Time 4 (T4) Soldier Interview 10_21_2011

5. If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy.

T4STIGMA5

6. If I were to experience psychological problems, I could get professional help if I wanted to.

T4STIGMA6

7. Important people in my life would think less of me if they were to find out that I was experiencing psychological problems.

T4STIGMA7

8. It would be relatively easy for me to find the time to see a professional for psychological problems.

T4STIGMA8

Time 4 (T4) Soldier Interview 10_21_2011

4. (IASMHS Continued)

A. Disagree .00 B. Somewhat disagree 1.00 C. Undecided 2.00 D. Somewhat agree 3.00 E. Agree 4.00

9. I would want to get professional help if I were worried or upset for a long period of time. **T4STIGMA9**

10. I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it. **T4STIGMA10**

11. Having been diagnosed with a mental disorder is a blot on a person's life. **T4STIGMA11**

12. If I believed I were having a mental breakdown, my first inclination would be to get professional attention. **T4STIGMA12**

13. I would feel uneasy going to a professional because of what some people would think. **T4STIGMA13**

14. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family. **T4STIGMA14**

15. Had I received treatment for psychological problems, I would not feel that it ought to be "covered up." **T4STIGMA15**

16. I would be embarrassed if my neighbor saw me going into the office of a professional who deals with psychological problems. **T4STIGMA16**

Time 4 (T4) Soldier Interview 10_21_2011

19. Burns Relationship Satisfaction Scale

Interviewer Read: This next section is about relationships. In a moment I will read a series of categories and ask you to rate your satisfaction with your closest relationship.

1. Before we begin, using card L1 on page 17, (pause) please tell me your closest relationship in the PAST MONTH. T4RELA1

(Interviewer: Respondent does not have choice L-N in the show card booklet. If the respondent reports no closest relationship, doesn't know, or refuses, skip to next module.)

(Interviewer: If respondent reports more than one closest relationship, encourage the respondent to select the one that is the closest.)

- A. Spouse 1.00
- B. Partner /Significant other 2.00
- C. Fiance/fiancee 3.00
- D. Girlfriend/Boyfriend 4.00
- E. Mother 5.00
- F. Father 6.00
- G. Sibling 7.00
- H. Grandparent 8.00
- I. Child 9.00
- J. Friend 10.00
- K. Other (Please specify below) 11.00
- L. No closest relationship (Skip to next module) 12.00
- M. Don't know (Skip to next module) 13.00
- N. Refused (Skip to next module) 14.00

Other (DO NOT RECORD NAMES - RECORD RELATIONSHIP CATEGORY)

T4RELA_OT1

Time 4 (T4) Soldier Interview 10_21_2011

2. Please turn to Card L2 on the next page. Now, I'm going to read a series of categories. For each category, please select the amount of SATISFACTION you feel in your CLOSEST RELATIONSHIP with regard to the PAST MONTH.

The first category is (insert first item). Using the 8 options on Card L2, how do you rate your SATISFACTION in this category?

The next category is (insert next item). How do you rate your satisfaction for this?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the category and allow the respondent to provide the response using Card L2.)

	.00 A. Very Dissatisfied	1.00 B. Moderately Dissatisfied	2.00 C. Slightly Dissatisfied	3.00 D. Neutral	4.00 E. Slightly Satisfied	5.00 F. Moderately Satisfied	6.00 G. Very Satisfied	N/A
1. Communication and openness T4RELSCALE1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Resolving conflicts and arguments T4RELSCALE2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Degree of affection and caring T4RELSCALE3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Intimacy and closeness T4RELSCALE4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Satisfaction with your role in the relationship T4RELSCALE5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Satisfaction with the other person's role T4RELSCALE6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Overall satisfaction with your relationship T4RELSCALE7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

3. Please turn to Card L3 on the next page. Now, for these next few questions, I would like you to again keep this CLOSEST RELATIONSHIP in mind for the PAST MONTH.

Using the response options on Card L3, tell me how often you argue? [T4RELA_DIFF1](#)

- A. All the time 1.00
- B. Most of the time 2.00
- C. More often than not 3.00
- D. Occasionally 4.00
- E. Rarely 5.00
- F. Never 6.00
- G. Not applicable 7.00
- H. Don't Know 8.00
- I. Refused 9.00

4. How often do you get on each other's nerves? [T4RELA_DIFF2](#)

- A. All the time 1.00
- B. Most of the time 2.00
- C. More often than not 3.00
- D. Occasionally 4.00
- E. Rarely 5.00
- F. Never 6.00
- G. Not applicable 7.00
- H. Don't Know 8.00
- I. Refused 9.00

Time 4 (T4) Soldier Interview 10_21_2011

5. How often do you argue about parenting? T4RELA_DIFF3

- A. All the time 1.00
- B. Most of the time 2.00
- C. More often than not 3.00
- D. Occasionally 4.00
- E. Rarely 5.00
- F. Never 6.00
- G. Not applicable 7.00
- H. Don't Know 8.00
- I. Refused 9.00

Time 4 (T4) Soldier Interview 10_21_2011

20. Post-deployment Physical Health

Interviewer Read: Next, we are interested in knowing how your deployment may have affected your life after returning home in the PAST MONTH.

1. You will need Card M1 on page 20 for this next question. (Pause). You may remember this list from earlier. Card M1 describes some common health concerns and conditions. As I read each item, please tell me Yes or No if you had the health concern or condition in the PAST MONTH.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Memory problems or lapses T4PDPH1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Balance problems or dizziness T4PDPH2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Ringing in the ears T4PDPH3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sensitivity to bright light T4PDPH4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Irritability T4PDPH5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Headaches T4PDPH6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Sleep problems T4PDPH7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Chronic cough T4PDPH8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Runny nose T4PDPH9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Fever T4PDPH10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Weakness T4PDPH11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Swollen, stiff, or painful joints (such as knees, shoulders, ankles, and elbows) T4PDPH12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Back pain T4PDPH13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Muscle aches T4PDPH14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Numbness or tingling in hands or feet T4PDPH15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Skin diseases or rashes T4PDPH16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Redness of eyes with tearing T4PDPH17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. Dimming of vision (like the lights were going out) T4PDPH18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. Chest pain or pressure T4PDPH19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. Racing heart or heart palpitations T4PDPH20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U. Difficulty breathing or shortness of breath T4PDPH21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Diarrhea, vomiting, or T4PDPH22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

frequent indigestion

W. Taking more risks such as driving faster T4PDPH23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X. Hearing loss T4PDPH24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Y. Blurred vision T4PDPH25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Z. Chronic fatigue T4PDPH26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AA. Making more mental mistakes than in the past T4PDPH27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BB. Sexual dysfunction or other sexual problems T4PDPH28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Now, please follow along with me using card M2 on the next page. (pause) As I read each item, please tell me Yes or No if a doctor told you that you had OR you were treated for any of the following conditions in the PAST MONTH.

	No 1.00	Yes 2.00	Don't know 3.00	Refused 4.00
A. Asthma, emphysema, chronic bronchitis, or chronic obstructive pulmonary disease T4PDPH_DOC1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Hypertension or high blood pressure T4PDPH_DOC2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Diabetes T4PDPH_DOC3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Respiratory illness T4PDPH_DOC4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Myocardial infarction, heart attack, or heart problems (including angina and chest pain) T4PDPH_DOC5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. High cholesterol T4PDPH_DOC6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Serious wound or injury T4PDPH_DOC7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Cancer T4PDPH_DOC8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. What about any other physical health conditions? T4PDPH_DOC9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

T4PDPH_DOC_OT9

Time 4 (T4) Soldier Interview 10_21_2011

3. (INTERVIEWER CHECK POINT: If respondent reported Yes to an injury during most recent deployment (Section 13 Question 3 Previous Response: [Q104]), please Check Yes below and ask next question. Otherwise check NO and skip to Question 6.) T4PDPH_INJ1

- No (Skip to Question 6) **1.00**
- Yes **2.00**
- Don't Know (Skip to Question 6) **3.00**
- Refused (Skip to Question 6) **4.00**

4. You mentioned that you had __ [Q106] __ during your MOST RECENT DEPLOYMENT. Have you experienced any problems from this injury in the PAST MONTH?

(Interviewer: Please note that when asking this question, the information you entered previously will auto populate in the sentence above.)

(Interviewer: If needed, rephrase question to account for more than one injury "Have you experienced any problems from any of these injuries in the PAST MONTH?")

(Interviewer: If respondent reports No, Don't Know, or Refused Skip to Question 6.)

- No (Skip to Question 6) **1.00** T4PDPH_INJ2
- Yes **2.00**
- Don't Know (Skip to Question 6) **3.00**
- Refused(Skip to Question 6) **4.00**

5. What are those problem(s)?

(Interviewer: If respondent offers more than three problems, ask him/her to tell you the three greatest problems.)

(Interviewer: If respondent offers one or two problems only, be sure to inquire if there was anything else.)

Physical Concern 1

T4PDPH_INJ3

Physical Concern 2

T4PDPH_INJ4

Physical Concern 3

T4PDPH_INJ5

Time 4 (T4) Soldier Interview 10_21_2011

6. (Interviewer: If respondent DID NOT SKIP from question 3, please read the sentence in quotes first.)

"I would like to ask you some more GENERAL questions about your PHYSICAL HEALTH."

I'm now going to ask you about problems with your work or other regular daily activities as a result of your PHYSICAL HEALTH.

During the PAST MONTH, have you (insert item)?

(Interviewer: Once the respondent understands the question pertains to the PAST MONTH, shorten the stem question to "Have you...?")

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1. Cut down on the AMOUNT OF TIME you spent on work or other activities as a result of your PHYSICAL HEALTH. T4PDPH_RP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ACCOMPLISHED LESS than you would like as a result of your PHYSICAL HEALTH. T4PDPH_RP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Been limited in the KIND of work or other activities as a result of your PHYSICAL HEALTH. T4PDPH_RP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Had DIFFICULTY performing the work or other activities (for example, it took extra effort) as a result of your PHYSICAL HEALTH. T4PDPH_RP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. During the PAST MONTH, to what extent has your physical health interfered with your normal social activities with family, friends, neighbors, or groups? Would you say Not At All, Slightly, Moderately, Quite a bit, or Extremely? T4PDPH_RATE1

- Not at all 1.00
- Slightly 2.00
- Moderately 3.00
- Quite a bit 4.00
- Extremely 5.00

Time 4 (T4) Soldier Interview 10_21_2011

8. Overall, how would you rate your physical health during the PAST MONTH using the following choices? Excellent, Very Good, Good, Fair, or Poor. T4PDPH_RATE2

- A. Excellent 1.00
- B. Very Good 2.00
- C. Good 3.00
- D. Fair 4.00
- E. Poor 5.00
- F. Don't Know 6.00
- G. Refused 7.00

9. Now, using Card M3 on page 22, compared to one-year BEFORE your MOST RECENT DEPLOYMENT, how would you rate your physical health in general in the PAST MONTH?

- A. Much better now than before I deployed 1.00 T4PDPH_RATE3
- B. Somewhat better now than before I deployed 2.00
- C. About the same as before I deployed 3.00
- D. Somewhat worse now than before I deployed 4.00
- E. Much worse now than before I deployed 5.00
- F. Don't Know 6.00
- G. Refused 7.00

Time 4 (T4) Soldier Interview 10_21_2011

21. Post Deployment Psychological Health

These next questions will focus on common PSYCHOLOGICAL PROBLEMS and other concerns that you may have had in the PAST MONTH

1. In the PAST MONTH, did you experience repeated disturbing memories or thoughts of a traumatic experience? T4PDPSYH1

- No (Skip to Question 3) 1.00
- Yes 2.00
- Don't Know (Skip to Question 3) 3.00
- Refused (Skip to Question 3) 4.00

2. Did that last two weeks or longer?

T4PDPSYH_D1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

3. In the PAST MONTH, did you experience feeling down, depressed, or hopeless? T4PDPSYH2

- No (Skip to Question 5) 1.00
- Yes 2.00
- Don't Know (Skip to Question 5) 3.00
- Refused (Skip to Question 5) 4.00

4. Did that last two weeks or longer? T4PDPSYH_D2

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

5. In the PAST MONTH, did you experience excessive anxiety or worry? T4PDPSYH3

- No (Skip to Question 7) 1.00
- Yes 2.00
- Don't Know (Skip to Question 7) 3.00
- Refused (Skip to Question 7) 4.00

Time 4 (T4) Soldier Interview 10_21_2011

6. Did that last two weeks or longer? T4PDPSYH_D3

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

7. In the PAST MONTH, did you experience problems with anger management? T4PDPSYH4

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

8. Did that last two weeks or longer? T4PDPSYH_D4

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

9. In the PAST MONTH, did you experience an alcohol use problem? T4PDPSYH5

- No (Skip to Question 11) 1.00
- Yes 2.00
- Don't Know (Skip to Question 11) 3.00
- Refused (Skip to Question 11) 4.00

10. Did that last two weeks or longer? T4PDPSYH_D5

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

11. In the PAST MONTH, did you smoke cigarettes or use other tobacco? T4PDPSYH6

- No (Skip to Question 13) 1.00
- Yes 2.00
- Don't Know (Skip to Question 13) 3.00
- Refused (Skip to Question 13) 4.00

12. Did you use it two weeks or longer? T4PDPSYH_D6

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

13. In the PAST MONTH, did you have another substance use problem (other than alcohol or tobacco)? T4PDPSYH7

- No (Skip to Question 15) 1.00
- Yes 2.00
- Don't Know (Skip to Question 15) 3.00
- Refused (Skip to Question 15) 4.00

14. Did that last two weeks or longer? T4PDPSYH_D7

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

15. In the PAST MONTH, did you have any other psychological problem or other concern?

- No (Skip to Question 18) 1.00
- Yes 2.00
- Don't Know (Skip to Question 18) 3.00
- Refused (Skip to Question 18) 4.00

16. What was the other psychological problem or other concern? T4PDPSYH_PR8

Problem or Concern

Time 4 (T4) Soldier Interview 10_21_2011

17. Did that last two weeks or longer? T4PDPSYH_D8

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

18. I'm now going to ask you about problems with work or other regular daily activities as a result of any PSYCHOLOGICAL PROBLEMS.

During the PAST MONTH,.....(insert item)

(Interviewer: Once the respondent understands the question pertains to the PAST MONTH, just read the item.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1. Have you cut down on the AMOUNT OF TIME you spent on work or other activities as a result of PSYCHOLOGICAL PROBLEMS? T4PDPSYH_RE1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you ACCOMPLISHED LESS than you would like as a result of PSYCHOLOGICAL PROBLEMS? T4PDPSYH_RE2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Did you do work or other activities LESS CAREFULLY THAN USUAL as a result of PSYCHOLOGICAL PROBLEMS? T4PDPSYH_RE3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. During the PAST MONTH, to what extent have psychological problems interfered with your normal social activities with family, friends, neighbors, or groups? Would you say Not At All, Slightly, Moderately, Quite a bit, or Extremely? T4PDPSYH_RATE1

- Not at all 1.00
- Slightly 2.00
- Moderately 3.00
- Quite a bit 4.00
- Extremely 5.00

Time 4 (T4) Soldier Interview 10_21_2011

20. Overall, how would you rate your psychological health during the PAST MONTH using the following choices? Excellent, Very Good, Good, Fair, or Poor. T4PDPSYH_RATE2

- A. Excellent 1.00
- B. Very Good 2.00
- C. Good 3.00
- D. Fair 4.00
- E. Poor 5.00
- F. Don't Know 6.00
- G. Refused 7.00

21. I will now read you a series of stressful experiences and problems that may have occurred during the PAST MONTH. As I read each item, please tell me Yes or No if you experienced the stressor during the PAST MONTH.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. A family member with a physical illness T4PDPSYH_STREXP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. A family member with a psychological problem T4PDPSYH_STREXP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Employment related problem T4PDPSYH_STREXP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Financial problem T4PDPSYH_STREXP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Legal problem T4PDPSYH_STREXP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Interpersonal problem with a family member T4PDPSYH_STREXP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Parent child conflict T4PDPSYH_STREXP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Death of a family member or close friend T4PDPSYH_STREXP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

22. AUDIT

Interviewer Read: Now I am going to ask some detailed questions about your use of alcoholic beverages in the PAST MONTH. By alcoholic beverages, I mean beer, wine, wine coolers; or hard liquor like vodka, gin, or whiskey. When I use the term "drink", I mean a glass of wine, a can or bottle of beer, or a shot of hard liquor alone or in a mixed drink.

1. Please refer to Card N1 on page 23 for the response choices for this next question.

(Pause) How often did you have a drink containing alcohol in the PAST MONTH?

(Interviewer: If respondent indicates NEVER use your discretion to probe further as needed. For example "So, not even a glass of wine at a party in the past month?" OR "So nothing to drink AT ALL?" Then, if still NEVER (A) skip to questions 9 and 10. Also, Skip to questions 9 and and 10 if respondent reports B.)

T4ALC1

- A. Never 1.00
- B. At least 1 time since returning from deployment, but not in the past month. 2.00
- C. 1 time in the past month 3.00
- D. 2 to 4 times a month in the past month 4.00
- E. 2 to 3 times a week in the past month 5.00
- F. 4 or more times a week in the past month 6.00
- G. Don't know 7.00
- H. Refused 8.00

2. In the PAST MONTH, how many drinks containing alcohol did you have on a typical day when you were drinking? T4ALC2

(Interviewer: As needed explain this question does not have a show card.)

- A. 1 or 2 *** 1.00
- B. 3 or 4 2.00
- C. 5 or 6 3.00
- D. 7, 8, or 9 4.00
- E. 10 or more 5.00
- F. Don't know 6.00
- G. Refused 7.00

Time 4 (T4) Soldier Interview 10_21_2011

3. Using card N2 on the next page, tell me how often did you have six or more drinks on one occasion in the PAST MONTH. T4ALC3

- A. Never *** 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

4. (Interviewer: *** If respondent reported A for question 2 - AND - A for question 3, skip to question 9. Do not ask next question.) T4ALC4

Interviewer Read: You will again use Card N2 for this next series of questions.

How often during the PAST MONTH have you found that you were not able to stop drinking once you had started?

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

5. How often during the PAST MONTH have you failed to do what was normally expected from you because of drinking? T4ALC5

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

Time 4 (T4) Soldier Interview 10_21_2011

6. How often during the PAST MONTH have you needed a first drink in the morning to get yourself going after a heavy drinking session? T4ACL6

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

7. How often during the PAST MONTH have you had a feeling of guilt or remorse after drinking? T4ALC7

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

8. How often during the PAST MONTH have you been unable to remember what happened the night before because you had been drinking? T4ALC8

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

9. Have you or someone else ever been injured as a result of your drinking? T4ALC9

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

10. Has a relative or friend or a doctor or another health worker ever been concerned about your drinking or suggested you cut down? T4ALC10

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 4 (T4) Soldier Interview 10_21_2011

23. PCL - Military Version

Interviewer Read: For this next series of questions we will be using Card O1 on page 25. (Pause)

1. I'm going to read a list of problems and complaints that veterans sometimes have in response to stressful military experiences. As I read each item, please focus on whether you have been bothered by that problem in the PAST MONTH.

The first item is (insert first item). How much would you say you have been bothered by this in the PAST MONTH? Would you say (A) Not at all; (B) A little bit; (C) Moderately; (D) Quite a bit; or (E) Extremely?

The next item is (insert next item). Using Card O1, how much you have been bothered by this experience in the PAST MONTH?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the item and allow the respondent to provide the response using the choices on Card O1.)

A. Not at all **1.00** B. A little bit **2.00** C. Moderately **3.00** D. Quite a bit **4.00** E. Extremely **5.00**

1. Repeated, disturbing memories, thoughts, or images of a stressful military experience

T4PTSD1

2. Repeated, disturbing dreams of a stressful military experience

T4PTSD2

3. Suddenly acting or feeling as if a stressful military experience were happening again (as if you were reliving it)

T4PTSD3

4. Feeling very upset when something reminded you of a stressful military experience

T4PTSD4

5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful military experience

T4PTSD5

6. Avoiding thinking about or talking about a stressful military experience or

T4PTSD6

Time 4 (T4) Soldier Interview 10_21_2011

avoiding having feelings
related to it

2. (PCL Continued)

A. Not at all B. A little bit C. Moderately D. Quite a bit E. Extremely

7. Avoiding activities or situations because they reminded you of a stressful military experience	<input type="radio"/>				
8. Trouble remembering important parts of a stressful military experience	<input type="radio"/>				
9. Loss of interest in activities that you used to enjoy	<input type="radio"/>				
10. Feeling distant or cut off from other people	<input type="radio"/>				
11. Feeling emotionally numb or being unable to have loving feelings for those close to you	<input type="radio"/>				
12. Feeling as if your future will somehow be cut short	<input type="radio"/>				
13. Trouble falling or staying asleep	<input type="radio"/>				
14. Feeling irritable or having angry outbursts	<input type="radio"/>				
15. Having difficulty concentrating	<input type="radio"/>				
16. Being "super-alert" or watchful or on guard	<input type="radio"/>				
17. Feeling jumpy or easily startled	<input type="radio"/>				

Time 4 (T4) Soldier Interview 10_21_2011

24. Patient Health Questionnaire (PHQ-9)

Interviewer Read: For the next few questions we will need Card P1 on page 26. (pause)

1. I am going to ask you about some psychological problems you may have experienced in the PAST MONTH. Some of these may sound similar to previous questions, so please bear with me.

The first item is (insert first item). How often would you say you experienced that in the PAST MONTH? Would you say (A) Not at all, (B) Several days, (C) More than half the days, or (D) Nearly every day.

The next item is (insert next item). Using card P1, how often would you say you experienced this in the PAST MONTH?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the item and allow the respondent to provide the response using the choices on card P1.)

	A. Not at all .00	B. Several days 1.00	C. More than half the days 2.00	D. Nearly every day 3.00
1. Little interest or pleasure in doing things. T4DEP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless. T4DEP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much. T4DEP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy. T4DEP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating. T4DEP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down. T4DEP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television. T4DEP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot T4DEP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Soldier Interview 10_21_2011

more than usual.

9. Thoughts that you would
be better off dead, or of
hurting yourself in some
way. **T4DEP9**

2. (Interviewer: If respondent checked off any problems 1-9 above as several days or longer(B-D), ask next question, otherwise skip to Question 3 to ask about suicide.)

Interviewer Read: You indicated that you had the following problems in the PAST MONTH (Interviewer read first 3 respondent endorsed B or longer). How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Not difficult at all; somewhat difficult; very difficult; or extremely difficult.

- Not difficult at all **1.00** T4DEP_DIFF1
- Somewhat difficult **2.00**
- Very difficult **3.00**
- Extremely difficult **4.00**

Time 4 (T4) Soldier Interview 10_21_2011

**3. Please go ahead and turn the page of your show card booklet to Card P2 on page 27.
(Pause) I would like to ask you about thoughts of suicide. Looking at the response options
on Card P2, tell me how you would rate yourself.**

Interviewer Instructions:

**If respondent reports thoughts of suicide level C OR D, STOP INTERVIEW IMMEDIATELY
and contact clinical supervisor on call. (See Script below)**

If respondent reports level A or B, continue on to next module.

**If respondent reports B, E, or F inform clinical supervisor on call after the interview is
complete. T4DEP_SUI1**

- A. I don't have any thoughts of killing myself. 1.00
- B. I have thoughts of killing myself, but I would not carry them out. 2.00
- C. I would like to kill myself. 3.00
- D. I would kill myself if I had the chance 4.00
- E. Don't Know 5.00
- F. Refused 6.00

(Interviewer: This is the script if respondent reports level C or D suicide thoughts. You may also use your own sincere words to express the equivalent.)

I'm concerned about your thoughts of suicide. For safety reasons, I need to check with my supervisor. I will call you back in a few minutes. If you don't hear from me in a few minutes, please call 1-800-863-7414.

25. Post-Deployment Psychological Service Use

We have just a few remaining questions focusing on PSYCHOLOGICAL PROBLEMS. For these remaining questions, we will focus on the period of time SINCE you RETURNED from YOUR MOST RECENT DEPLOYMENT.

1. Since you RETURNED from YOUR MOST RECENT DEPLOYMENT in [Q27], have you taken any medication prescribed to you for a psychological problem? T4PDPSU_MED1

- No (Skip to question 3) 1.00
- Yes 2.00
- Don't know (Skip to question 3) 3.00
- Refused (Skip to question 3) 4.00

2. What prescribed medication(s) did you take?

(Interviewer: If respondent offers more than three medicines, it is okay to fill in multiple medicines in the same field.)

(Interviewer: If respondent offers one or two medicines only, be sure to inquire if there was anything else.)

Medication 1

T4PDPSU_MED2

Medication 2

T4PDPSU_MED3

Medication 3

T4PDPSU_MED4

3. Since you RETURNED from your MOST RECENT DEPLOYMENT, did you see a professional for any psychological problem? T4PDPSU_PROF1

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

Time 4 (T4) Soldier Interview 10_21_2011

4. Using Card Q1 on page 28, please tell me where you saw someone for your psychological problem(s). Please tell me all that apply.

(Interviewer: Please probe further until respondent has mentioned all that apply.)

Anything else?

- A. Military hospital overseas T4PDPSU_TYPE1
- B. Military hospital stateside T4PDPSU_TYPE2
- C. Civilian hospital T4PDPSU_TYPE3
- D. Military based outpatient facility overseas T4PDPSU_TYPE4
- E. Military based outpatient facility stateside T4PDPSU_TYPE5
- F. Combat Stress Control Unit T4PDPSU_TYPE6
- G. Military Chaplain Services T4PDPSU_TYPE7
- H. Military One Source T4PDPSU_TYPE8
- I. Military Family Life Consultant Program T4PDPSU_TYPE9
- J. Vet Center (VA Readjustment Counseling Services) T4PDPSU_TYPE10
- K. VA Medical Center (VAMC) T4PDPSU_TYPE11
- L. VA Outpatient Clinic (VA OPC) T4PDPSU_TYPE12
- M. VA Community Based Outpatient Clinic (CBOC) T4PDPSU_TYPE13
- N. Primary care doctor in the community through insurance or out of pocket T4PDPSU_TYPE14
- O. Any Psychological Health Professional in the community through insurance or out of pocket T4PDPSU_TYPE15
- P. Community mental health organization T4PDPSU_TYPE16
- Q. Missouri Access Crisis Intervention Hotlines T4PDPSU_TYPE17
- R. Mandatory screening T4PDPSU_TYPE18
- S. Other T4PDPSU_TYPE19

Other (please specify)

T4PDPSU_TYPE_OT19

5. Did the professional you saw tell you a diagnosis for the psychological problem(s)?

T4PDPSU_DX1

- No (Skip to question 7) 1.00
- Yes 2.00
- Don't know (Skip to question 7) 3.00
- Refused (Skip to question 7) 4.00

Time 4 (T4) Soldier Interview 10_21_2011

6. Please tell me what diagnosis you were told.

Anything else?

(Interviewer: If respondent offers more than three diagnoses, ask him/her to tell you the three greatest concerns.)

(Interviewer: If respondent offers one or two diagnoses only, be sure to inquire if there was anything else.)

(Interviewer: Complete this question and then skip to next module.)

MH Dx 1

T4PDPSU_DX2

MH Dx 2

T4PDPSU_DX3

MH Dx 3

T4PDPSU_DX4

7. (Interviewer: This question is asked only if the psychological health professional did NOT tell the respondent a diagnosis - Question 6 above NOT asked.)

What did you think you had?

T4PDPSU_DX5

Time 4 (T4) Soldier Interview 10_21_2011

26. Income

Interviewer Read: We are close to being finished. I have just a couple of more questions.

1. Using card R1 on the last page of your booklet, please tell me the current approximate income level for yourself. You can just tell me the letter.

(Interviewer: We are looking for approximate yearly income. Also, note that respondent does not have options "L. Don't Know or "M. Refused." as choices in booklet.)

- A. \$0 – \$9,999 1.00 T4DEMO_INC1
- B. \$10,000 – \$19,999 2.00 T4DEMO_INC2
- C. \$20,000 – \$29,999 3.00 T4DEMO_INC3
- D. \$30,000 - \$39,999 4.00 T4DEMO_INC4
- E. \$40,000 - \$49,999 5.00 T4DEMO_INC5
- F. \$50,000 - \$59,999 6.00 T4DEMO_INC6
- G. \$60,000 - \$69,999 7.00 T4DEMO_INC7
- H. \$70,000 - \$79,999 8.00 T4DEMO_INC8
- I. \$80,000 - \$89,999 9.00 T4DEMO_INC9
- J. \$90,000 - \$99,999 10.00 T4DEMO_INC10
- K. \$100,000 or more 11.00 T4DEMO_INC11
- L. Don't know 12.00 T4DEMO_INC12
- M. Refused 13.00 T4DEMO_INC13

Time 4 (T4) Soldier Interview 10_21_2011

27. Final Wrap Up

Interviewer Read: We are at the end of our interview. Some of the material we covered may have been stressful at times. I would like to wrap up the interview on a positive note.

1. Can you describe for me what you consider the best experience you have had since returning home?

(Interviewer: For this question, you may ask follow up questions to facilitate the respondent changing to positive frame.)

(Interviewer: Do not type while respondent is talking. Please fill this in after the interview is complete.)

T4BSEXP1

That was the last of the questions for the interview.

In the package we mailed to you, there was a payment form. Please sign and complete that form and return it in the envelope we enclosed with your packet.

The information from the interview we just completed will help us learn more about the reintegration needs of service members and families which will, in turn, help current and future veterans like yourself. Thank you so much for taking the time to participate.

Someone will be contacting you again in a few months to schedule your second interview.

Lastly, I would like to say that if you found this interview emotionally upsetting, I can have someone call you back to talk with you. Also, if you have questions or need to talk later, please don't hesitate to give us a call at our 1-800 number listed on the materials you received.

(Interviewer: If the respondent is having emotional difficulty after the interview, contact the clinical supervisor on call.)

2. Date and Time Interview Completed

MM DD YYYY HH MM AM/PM
Date and Time / / :
Interview
Completed

T4COMPLETE1

Time 4 (T4) Supporter Interview 10_21_2011

All numerical sub-variables end with .00, which is not always specified due to space restrictions.

1. Interviewer Preliminary Items

(Interviewer: Before beginning the interview, please complete the items on this page.)

1. Subject Number

T4IPI1

2. What is the date and time this interview began?

T4IPI2

MM DD YYYY HH MM AM/PM
Date & Time / / :

3. Interviewer ID

T4IPI3

4. Confirm T4 or T7 Interview

T4IPI4

- T4 ** 1.00
- T7 2.00

5. Confirm Sample

T4IPI5

- Service member experimental group 1.00
- Service member control 2.00
- Supporter ** 3.00

** CHECK IN: This interview is used for T4 supporters. These interview modules are not to be used with the service member experimental or control group.

6. (Interviewer: Insert month and year this supporter's service member returned from MOST RECENT DEPLOYMENT in the box below. This will allow the information to auto populate for future questions.)

****Month and Year returned from MOST RECENT DEPLOYMENT (Month / Year)**

(Example format: April 2002)

T4IPI_RMRD6

Time 4 (T4) Supporter Interview 10_21_2011

7. (Interviewer: Insert the month and year of this supporter's service member's mobilization date for MOST RECENT DEPLOYMENT. This will allow the mobilization date to auto populate for future questions.)

T4IPI_MRDMOB7

****Mobilization Date Format (Month / Year)**

(Example format: April 2001)

(Interviewer: Before beginning the interview, make sure the respondent has the packet of materials for participating in the interview. And explain that the packet contains a show card booklet which provides the response options for some questions.)

Time 4 (T4) Supporter Interview 10_21_2011

2. Introductory Script

Interviewer Read:

Before we begin, I want to convey my sincere thanks to you for taking time to participate. All of the questions asked in this interview are important and will contribute to the knowledge that will help current and future veterans and their families with reintegration after deployment.

For this research study, we are interested in knowing both about the experiences of the service member and the supporter with a particular focus around the timeframe of the service member's most recent deployment. This interview we are conducting with you will, in general, focus on your experiences around this timeframe. The interview we conducted with your service member focused on his/her experiences.

Time 4 (T4) Supporter Interview 10_21_2011

3. Demographics

Interviewer Read: In studies like these, we normally like to get a little background information. I'd like to start by asking you a few questions about yourself.

1. What is your gender? T4DEMO1

(Interviewer: If already known by respondent's name and voice, no need to ask.)

- Male 1.00
- Female 2.00

2. How old are you? T4DEMO2

(Interviewer: Select 98 if don't know, select 99 if refused.)

Age

Select

1(18) - 63(80), 64 is 98, 65 is 99

3. Are you of Spanish, Hispanic, or Latino origin? T4DEMO3

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 4 (T4) Supporter Interview 10_21_2011

4. For this next question, you will need the show card booklet. Please turn to page 2, card A1. This card has some various races listed. Please tell me all the groups that apply to you.

(Interviewer: If respondent reports "F. Other", please fill in the specify field. Respondent does not have "G. Don't Know" or "H. Refused" listed as choices in the show card booklet.)

(Interviewer: Check all that apply)

- A. Caucasian / White T4DEMO_RACE1
- B. African American / Black T4DEMO_RACE2
- C. Asian American T4DEMO_RACE3
- D. American Indian / Alaskan Native T4DEMO_RACE4
- E. Native Hawaiian / Pacific Islander T4DEMO_RACE5
- F. Other T4DEMO_RACE6
- G. Don't Know T4DEMO_RACE7
- H. Refused T4DEMO_RACE8

Other (please specify)

T4DEMO_RACE9

5. Are you currently Married, Divorced or Separated, Widowed, or Never Been Married?

(Interviewer: If respondent reports Never Married, Don't Know, or Refused skip to Question 8). T4DEMO_MARR1

- Never Married (Skip to Question 8) 1.00
- Married 2.00
- Divorced or Separated 3.00
- Widowed 4.00
- Don't Know (Skip to Question 8) 5.00
- Refused (Skip to Question 8) 6.00

Time 4 (T4) Supporter Interview 10_21_2011

6. How many years have you been _____? (Interviewer Insert: Married, Divorced, Separated, or Widowed based on previous response.)

(Interviewer: Record number of years (and/or months if offered) respondent has been Married, Divorced or Separated, or Widowed) using the drop down menus in the corresponding row below.)

(Interviewer: Once you record the number of years / months married, ask Question 7. Once you record the number of years / months divorced, separated, or widowed, skip to Question 8.)

(Interviewer: Select 98 for don't know, and 99 for refused.)

	Number of Years	Number of Months (only if less than one year or offered)
Married (Go Q7)	<input type="text" value="T4DEMO_MARR2"/>	<input type="text" value="T4DEMO_MARR3"/>
Divorced or Separated (Go Q8)	<input type="text" value="T4DEMO_MARR4"/>	<input type="text" value="T4DEMO_MARR5"/>
Widowed (Go Q8)	<input type="text" value="T4DEMO_MARR6"/>	<input type="text" value="T4DEMO_MARR7"/>

7. Are you currently living with your spouse? T4DEMO_MARR8

(Interviewer: This version of the question is asked ONLY IF respondent reported being currently married. After asking this question, skip to question 9.)

- No (Skip to Question 9) 1.00
- Yes (Skip to Question 9) 2.00
- Don't know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

8. Are you currently living with a significant other or partner? T4DEMO_MARR9

(Interviewer: This question is asked ONLY IF respondent reports being never married, divorced or separated, or widowed.)

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 4 (T4) Supporter Interview 10_21_2011

9. Do you have any children? T4DEMO_CHI1

(Interviewer: If no, don't know or refused, skip to question 12.)

- No (Skip to Question 12) 1.00
- Yes 2.00
- Don't know (Skip to Question 12) 3.00
- Refused (Skip to Question 12) 4.00

10. How many children do you have? T4DEMO_CHI2

(Interviewer: Select the number of children. If more than 12, select 13. If respondent doesn't know, select 98. If respondent refuses, select 99. Include step children if respondent considers them his/her children.)

Number of Children	
Select	<input type="text"/>
1(0) - 14(13), 15 is 98, 16 is 99	

11. Starting with the youngest, how old is each child?

(Interviewer: Paraphrase the question if respondent only reported one child.)

(Interviewer: If needed to keep track, write the first name and age on a piece of paper. Record the age for each child below. If more than 9 children reported, start with youngest and record ages for first 9. If respondent does not know, select 98. If respondent refuses, select 99. If less than 1 year old, select 0.)

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9
Select <input type="text"/>								

T4DEMO_CHI3

T4DEMO_CHI4

T4DEMO_CHI5

T4DEMO_CHI6

T4DEMO_CHI7

T4DEMO_CHI8

T4DEMO_CHI9

T4DEMO_CHI11

Time 4 (T4) Supporter Interview 10_21_2011

12. Are any children CURRENTLY living with you? T4DEMO_CHI12

(Interviewer: Ask this question version if skip from question 9.)

Are any of these children CURRENTLY living with you?

(Interviewer: Ask this question version if asked question 11.)

(Interviewer: If no, don't know, or refused, skip to 14.)

- No (Skip to Question 14) 1.00
- Yes 2.00
- Don't know (Skip to Question 14) 3.00
- Refused (Skip to Question 14) 4.00

13. Are any of these children living with you under age 18? T4DEMO_CHI13

(Interviewer: If needed, you may rephrase this question to fit the context of the previous response.)

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 4 (T4) Supporter Interview 10_21_2011

14. What is the highest education level you have COMPLETED? T4DEMO_EDCOMP1

- Did not graduate from high school 1.00
- GED 2.00
- High school diploma 3.00
- Trade or technical school graduate 4.00
- Some college 5.00
- 2-year Associates degree 6.00
- 4-year college degree (BA, BS, or equivalent) 7.00
- Graduate or professional study but no graduate degree 8.00
- Graduate or professional degree 9.00

15. Overall, can you briefly describe your life for me during your service member's MOST RECENT DEPLOYMENT. T4DEMO_MRDDESC1

(Interviewer: As needed say "Tell me a little more about that" or "Can you say a little more?").



Time 4 (T4) Supporter Interview 10_21_2011

4. Active and Reserve Military History

Interviewer Read: This study focuses on your service member's most recent deployment. However, we are aware that sometimes spouses and other family members have also served in the military. I have a few questions related to this.

1. Have YOU ever served as a member of the active duty military? T4AD1

(Interviewer: As needed read "By active duty military, I mean as part of a regular active duty branch of service, not activated as part of the Reserves or National Guard." Record no if only activated as a member of the reserves. This question is asked below.)

(Interviewer: If respondent answers no, don't know, or refused, skip to question 5.)

- No (skip to question #5) 1.00
- Yes 2.00
- Don't Know (skip to question #5) 3.00
- Refused (skip to question #5) 4.00

2. How many years total did you serve as a member of the active duty military?

(Interviewer: Select 98 for don't know, 99 for refused, and 0 for less than one year.)

(Interviewer: Select 90 if still on active duty.)

Total Years

Total Years

1(0) - 31(30), 32 is 98, 33 is 99

T4AD_TOTYRS1

3. What year did you join the active duty military for the first time?

(Interviewer: Select 9998 for Don't Know, Select 9999 for Refused.)

Year joined Active Duty

Year joined Active Duty 1(1965) - 48(2014), 49 is 9998, 50 is 9999

T4AD_YOJ1

Time 4 (T4) Supporter Interview 10_21_2011

4. What branch of service did you serve on active duty?

(Interviewer: If more than one, select all that apply.)

- Army T4AD_BR1
- Navy T4AD_BR2
- Air Force T4AD_BR3
- Marine Corps T4AD_BR4
- Coast Guard T4AD_BR5
- Don't know T4AD_BR6
- Refused T4AD_BR7

5. Did YOU ever serve in the Reserves? T4RES1

(Interviewer: If respondent answers no, don't know, or refused, skip to question 9.)

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

6. How many years in total did you serve in the Reserves?

(Interviewer: Select 98 for don't know, and 99 for refused. Select 0 for less than 1 year)

(Interviewer: Select 90 if still in the Reserves.)

Total Years

Total Years

1(0) - 31(30), 32 is 98, 33 is 99

T4RES_TOTYRS1

7. What year did you join the Reserves for the first time?

(Interviewer: Select 9998 for Don't Know, Select 9999 for Refused.)

Year joined Reserves

Year joined Reserves

1(1965) - 48(2014), 49 is 9998, 50 is 9999

T4RES_YOJ

Time 4 (T4) Supporter Interview 10_21_2011

8. What branch of the Reserves did you serve in?

(Interviewer: If more than one, select all that apply.)

- Army Reserves T4RES_BR1
- Navy Reserves T4RES_BR2
- Air Force Reserves T4RES_BR3
- Marine Corps Reserves T4RES_BR4
- Coast Guard Reserves T4RES_BR5
- Don't know T4RES_BR6
- Refused T4RES_BR7

9. (Interviewer: If the respondent reported serving on active duty (Question 1) OR in the Reserves (Question 5), ask the following question. Otherwise skip to next module.)

Did you serve on an overseas deployment for which you received hazardous duty pay as a member of the _____?

(Interviewer: For the above question, fill in "active duty military", "reserves", or both "active duty military or reserves" depending on responses to previous questions 1 and 5.)

(Interviewer: If no, skip to next module). T4OVRSDEPL1

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

10. Where did you serve?

(Interviewer: If needed, clarify that this question applies to where the supporter served when in the active duty military or reserves AND when receiving hazardous duty pay.)

- Afghanistan T4SERV_LOC1
- Iraq T4ERV_LOC2
- Other (please specify) T4SERV_LOC3
 T4SERV_LOC_OT3

Time 4 (T4) Supporter Interview 10_21_2011

5. National Guard Deployment History

1. Have YOU ever been in the National Guard?

T4NGDHX_PST1

- No (Skip to next module) 1.00
- Yes 2.00
- Don't know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

2. Are YOU currently in the National Guard?

T4NGDHX_CURR1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

3. How many total years have you served in the National Guard? T4NGDHX1

(Interviewer: Select 98 for don't know, and 99 for refused. We are looking for total years, so if there is a gap in service, count the total years excluding the gap.)

Total Years

Total Years

0(0) - 30(29), 31 is 98, 32 is 99

4. What year did you join the National Guard for the first time? T4NGDHX2

(Interviewer: Select 9998 for Don't Know, Select 9999 for Refused.)

Year joined National Guard

Year joined National Guard

1(1965) - 48(2014), 49 is 9998, 50 is 9999

5. How many times have you served on an overseas deployment for which you received hazardous duty pay as a member of the National Guard? T4NGDHX3

(Interviewer: If don't know Select 98, or refused Select 99 and then skip to question 7.)

Number Combat Deployments with NG

Number

1(1) - 10(10), 11 is 98, 12 is 99

Time 4 (T4) Supporter Interview 10_21_2011

6. Where did you serve? (Interviewer: Select all that apply.)

(Interviewer: If respondent reported only 1 deployment for previous question. Then you can rephrase this question to confirm the respondent's prior answer given in the previous module for location of MOST RECENT DEPLOYMENT.)

(Interviewer: If respondent reported more than 1 deployment, please probe to make sure you record all locations.)

- Afghanistan T4NGDHX_LOC1
- Iraq T4NGDHX_LOC2
- Other (please specify) T4NGDHX_LOC3

7. As a member of the Missouri National Guard, approximately how many times have you been mobilized for state emergency duty, state active duty, or had a federal mobilization stateside for security or disaster response since September 11, 2001?

(Interviewer: Select 98 for don't know, select 99 for refused.)

Total Number of Mobilizations

Total Mobilizations

1(0) - 21(20), 22 is 98, 23 is 99

T4NGDHX4

Time 4 (T4) Supporter Interview 10_21_2011

6. Pre-Deployment Life Events

Interviewer Read: Next, let's focus on experiences you may have had BEFORE you turned 18. As I read you a series of events, I will want you to tell me Yes or No whether you experienced that event before age 18.

1. Before you turned age 18, did you...

(Interviewer: Once the respondent understands the question applies to experiences before age 18, shorten the question to "Did you...?" and then eventually just read the experience without asking the question.)

Did you...?

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1....live in a family that did a lot of things together? T4PREDLE1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...have at least one adult caregiver that you felt was there for you? T4PREDLE2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3....have a parent who had a problem with drugs or alcohol? T4PREDLE3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4....have parents that divorced/seperated? T4PREDLE4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5....spend time in foster care? T4PREDLE5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Did you see or hear physical fighting between your parents or caregivers?

- No (Skip to Question 4) 1.00 T4PREDLE6
- Yes 2.00
- Don't Know (Skip to Question 4) 3.00
- Refused (Skip to Question 4) 4.00

3. Did that happen one time, two-three times, several times a year, or weekly?

- One time 1.00 T4PREDLE7
- Two-three times 2.00
- Several times a year 3.00
- Weekly 4.00

Time 4 (T4) Supporter Interview 10_21_2011

4. Did you experience being physically punished by a parent or primary caregiver?

- No (Skip to Question 6) **1.00** T4PREDLE7
- Yes **2.00**
- Don't Know (Skip to Question 6) **3.00**
- Refused (Skip to Question 6) **4.00**

5. Did that happen one time, two-three times, several times a year, or weekly?

- One time **1.00** T4PREDLE_D7
- Two-three times **2.00**
- Several times a year **3.00**
- Weekly **4.00**

6. Before you turned age 18, did you experience being physically injured by another person (for example, hit, kicked, or beaten up)? T4PREDLE8

- No (Skip to Question 9) **1.00**
- Yes **2.00**
- Don't Know (Skip to Question 9) **3.00**
- Refused (Skip to Question 9) **4.00**

7. Was that from someone in your own family? T4PREDLE_FAM8

- No (Skip to Question 9) **1.00**
- Yes **2.00**
- Don't Know (Skip to Question 9) **3.00**
- Refused (Skip to Question 9) **4.00**

8. Did that happen one time, two-three times, several times a year, or weekly? T4PREDLE_D8

- One time **1.00**
- Two-three times **2.00**
- Several times a year **3.00**
- Weekly **4.00**

Time 4 (T4) Supporter Interview 10_21_2011

9. Before you turned age 18, did you experience being emotionally mistreated (for example, shamed, embarrassed, ignored, or repeatedly told you were no good)?

- No (Skip to Question 12) **1.00** T4PREDLE9
- Yes **2.00**
- Don't Know (Skip to Question 12) **3.00**
- Refused (Skip to Question 12) **4.00**

10. Was that from someone in your own family?

T4PREDLE_FAM9

- No (Skip to Question 12) **1.00**
- Yes **2.00**
- Don't Know (Skip to Question 12) **3.00**
- Refused (Skip to Question 12) **4.00**

11. Did that happen one time, two-three times, several times a year, or weekly?

T4PREDLE_D9

- One time **1.00**
- Two-three times **2.00**
- Several times a year **3.00**
- Weekly **4.00**

12. Before you turned age 18, did you experience unwanted sexual activity as a result of force, threat of harm, or manipulation?

T4PREDLE10

- No (Skip to Question 15) **1.00**
- Yes **2.00**
- Don't Know (Skip to Question 15) **3.00**
- Refused (Skip to Question 15) **4.00**

13. Was that from someone in your own family?

T4PREDLE_FAM10

- No (Skip to Question 15) **1.00**
- Yes **2.00**
- Don't Know (Skip to Question 15) **3.00**
- Refused (Skip to Question 15) **4.00**

Time 4 (T4) Supporter Interview 10_21_2011

14. Did that happen one time, two-three times, several times a year, or weekly? T4PREDLE_D10

- One time 1.00
- Two-three times 2.00
- Several times a year 3.00
- Weekly 4.00

15. Now, I will read you another series of experiences. Please respond Yes or No whether YOU had the experience BEFORE your service member's MOST RECENT MOBILIZATION in [Q7].

(Interviewer: Once the respondent understands the question pattern just ask "Did you experience...?" or just read the experience without asking the question. However, use the full question every fourth item.)

Before your service member's MOST RECENT MOBILIZATION, did YOU experience...?

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1. ...exposure to a war zone as a civilian? T4PREDLE11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...a natural disaster, a fire, or an accident in which you were hurt or had your property damaged? T4PREDLE12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...a serious operation? T4PREDLE13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...someone close to you with a severe mental illness or life threatening physical illness? T4PREDLE14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 ...the death of someone close to you? T4PREDLE15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...going through a divorce or being left by a partner or significant other? T4PREDLE16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...losing your job? T4PREDLE17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...witnessing someone being assaulted or violently killed? T4PREDLE18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...a stressful legal problem (for example, being sued or suing someone else)? T4PREDLE19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...being robbed or had your home broken into? T4PREDLE20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ...having a family T4PREDLE21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Supporter Interview 10_21_2011

member with a serious drug
or alcohol problem?

12. ...you or your partner
becoming pregnant for the
first time? **T4PREDLE22**

13. ...having to care for a
special needs child or a
child with a serious medical
problem or disability? **T4PREDLE23**

Time 4 (T4) Supporter Interview 10_21_2011

7. Life Before Most Recent Deployment

Next, some questions about the one year period before your service member's mobilization.

1. Were you enrolled in a higher educational program through a university, college, or trade or technical school anytime during the YEAR BEFORE YOUR service member's MOBILIZATION in [Q7]? T4LBMRD_ED1

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

2. During the YEAR BEFORE YOUR service member's MOBILIZATION, did you work at least part-time for 1 month? T4LBMRD_EMP1

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

3. How many months did you work at least 30 hours per week during the YEAR BEFORE YOUR service member's MOBILIZATION?

(Interviewer: If respondent reports less than 1 full month, select 1 month. Round to the nearest whole month if respondent gives you a partial month (e.g. 2.5 months or 2 1/2 months should be 3 months.)

Number of Months

Number of Months

1(0) - 13(12)

T4LBMRD_EMP2

Time 4 (T4) Supporter Interview 10_21_2011

8. Pre-Deployment Physical Health

For this next section, you will need Card B1 on page 3. (Pause)

1. Card B1 describes some common health concerns and conditions. As I read each item, please tell me Yes or No if you had the health concern or condition any time during the YEAR BEFORE YOUR service member's MOBILIZATION in [Q7].

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Memory problems or lapses T4PREDPH1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Balance problems or dizziness T4PREDPH2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Ringing in the ears T4PREDPH3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sensitivity to bright light T4PREDPH4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Irritability T4PREDPH5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Headaches T4PREDPH6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Sleep problems T4PREDPH7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Chronic cough T4PREDPH8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Runny nose T4PREDPH9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Fever T4PREDPH10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Weakness T4PREDPH11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Swollen, stiff, or painful joints (such as knees, shoulders, ankles, and elbows) T4PREDPH12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Back pain T4PREDPH13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Muscle aches T4PREDPH14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Numbness or tingling in hands or feet T4PREDPH15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Skin diseases or rashes T4PREDPH16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Redness of eyes with tearing T4PREDPH17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. Dimming of vision (like the lights were going out) T4PREDPH18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. Chest pain or pressure T4PREDPH19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. Racing heart or heart palpitations T4PREDPH20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U. Difficulty breathing or shortness of breath T4PREDPH21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Diarrhea, vomiting, or frequent indigestion T4PREDPH22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
W. Taking more risks such T4PREDPH23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Supporter Interview 10_21_2011

as driving faster

X. Hearing loss **T4PREDPH24**

Y. Blurred vision **T4PREDPH25**

Z. Chronic fatigue **T4PREDPH26**

AA. Making more mental
mistakes than in the past **T4PREDPH27**

BB. Sexual dysfunction or
other sexual problems **T4PREDPH28**

2. Now, please follow along with me using card B2 on the next page. (pause) As I read each item, please tell me Yes or No if a doctor told you that you had OR you were treated for any of the following conditions during the YEAR BEFORE YOUR service member's MOBILIZATION. (pause)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Asthma, emphysema, chronic bronchitis, or chronic obstructive pulmonary disease T4PREDPH_DOC1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Hypertension or high blood pressure T4PREDPH_DOC2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Diabetes T4PREDPH_DOC3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Respiratory illness T4PREDPH_DOC4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Myocardial infarction, heart attack, or heart problems (including angina and chest pain) T4PREDPH_DOC5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. High cholesterol T4PREDPH_DOC6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Serious wound or injury T4PREDPH_DOC7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Cancer T4PREDPH_DOC8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. What about any other physical health conditions? T4PREDPH_DOC9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

T4PREDPH_DOC_OT9

Time 4 (T4) Supporter Interview 10_21_2011

9. Pre-deployment Psychological Problems

For this next section we will focus on common PSYCHOLOGICAL PROBLEMS and other concerns that you may have had any time during the YEAR BEFORE YOUR service member's MOBILIZATION.

1. During the YEAR BEFORE YOUR service member's MOBILIZATION in [Q7], did you experience repeated disturbing memories or thoughts of a traumatic experience?

T4PREDPSYH1

- No (Skip to Question 3) 1.00
- Yes 2.00
- Don't Know (Skip to Question 3) 3.00
- Refused (Skip to Question 3) 4.00

2. Did that last two weeks or longer? T4PREDPSYH_D1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

3. During the YEAR BEFORE YOUR service member's MOBILIZATION in [Q7], did you experience feeling down, depressed, or hopeless?

T4PREDPSYH2

- No (Skip to Question 5) 1.00
- Yes 2.00
- Don't Know (Skip to Question 5) 3.00
- Refused (Skip to Question 5) 4.00

4. Did that last two weeks or longer? T4PREDPSYH_D2

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Supporter Interview 10_21_2011

5. During the YEAR BEFORE YOUR service member's MOBILIZATION, did you experience excessive anxiety or worry? T4PREDPSYH3

- No (Skip to Question 7) 1.00
- Yes 2.00
- Don't Know(Skip to Question 7) 3.00
- Refused (Skip to Question 7) 4.00

6. Did that last two weeks or longer? T4PREDPSYH_D3

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

7. During the YEAR BEFORE YOUR service member's MOBILIZATION, did you experience problems with anger management? T4PREDPSYH4

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

8. Did that last two weeks or longer? T4PREDPSYH_D4

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

9. During the YEAR BEFORE YOUR service member's MOBILIZATION, did you experience an alcohol use problem? T4PREDPSYH5

- No (Skip to Question 11) 1.00
- Yes 2.00
- Don't Know (Skip to Question 11) 3.00
- Refused (Skip to Question 11) 4.00

Time 4 (T4) Supporter Interview 10_21_2011

10. Did that last two weeks or longer? T4PREDPSYH_D5

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

11. During the YEAR BEFORE YOUR service member's MOBILIZATION, did you smoke cigarettes or use other tobacco? T4PREDPSYH6

- No (Skip to Question 13) 1.00
- Yes 2.00
- Don't Know (Skip to Question 13) 3.00
- Refused (Skip to Question 13) 4.00

12. Did you use it for two weeks or longer? T4PREDPSYH_D6

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

13. During the YEAR BEFORE YOUR service member's MOBILIZATION, did you have another substance use problem (other than alcohol or tobacco)? T4PREDPSYH7

- No (Skip to Question 15) 1.00
- Yes 2.00
- Don't Know (Skip to Question 15) 3.00
- Refused (Skip to Question 15) 4.00

14. Did that last two weeks or longer? T4PREDPSYH_D7

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Supporter Interview 10_21_2011

15. During the YEAR BEFORE YOUR service member's MOBILIZATION, did you have any other psychological problem or other concern? T4PREDPSYH8

- No (Skip to Question 18) 1.00
- Yes 2.00
- Don't Know (Skip to Question 18) 3.00
- Refused (Skip to Question 18) 4.00

16. What was the other psychological problem or other concern? T4PREDPSYH_PR8

17. Did that last two weeks or longer? T4PREDPSYH_D8

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

18. During the year before your service member's MOBILIZATION, did you take any medication prescribed to you because of a psychological problem? T4PREDPSYH_MED1

- No (Skip to Question 20) 1.00
- Yes 2.00
- Don't Know (Skip to Question 20) 3.00
- Refused (Skip to Question 20) 4.00

19. What prescribed medication(s) did you take?

(Interviewer: If respondent offers more than three medicines, it is okay to fill in multiple medicines in the same field.)

(Interviewer: If respondent offers one or two medicines only, be sure to inquire if there was anything else.)

Medication 1

T4PREDPSYH_MED2

Medication 2

T4PREDPSYH_MED3

Medication 3

T4PREDPSYH_MED4

Time 4 (T4) Supporter Interview 10_21_2011

20. During the year before your service member's MOBILIZATION, did you see a professional for any psychological problem? By professional I mean a psychologist, psychiatrist, social worker, chaplain, or family physician. T4PREDPSYH_PROF1

- No (Skip to Question 24) 1.00
- Yes 2.00
- Don't Know (Skip to Question 24) 3.00
- Refused (Skip to Question 24) 4.00

21. Did the professional tell you a diagnosis for the psychological problem(s)? T4PREDPSYH_DX1

- No (Skip to Question 23) 1.00
- Yes 2.00
- Don't Know (Skip to Question 23) 3.00
- Refused (Skip to Question 23) 4.00

22. Please tell me what diagnosis you were told.

Anything else?

(Interviewer: If more than three, ask respondent for the three most serious diagnoses.)

(Interviewer: If the respondent reports only one or two diagnoses be sure to probe if there was anything else.)

(Interviewer: Complete this question and then skip to Question 24.)

MH Dx 1	<input type="text"/>	T4PREDPSYH_DX2
MH Dx 2	<input type="text"/>	T4PREDPSYH_DX3
MH Dx 3	<input type="text"/>	T4PREDPSYH_DX4

23. (Interviewer: This question is asked only if the psychological health professional did NOT tell the respondent a diagnosis - Question 22 above NOT asked.)

What did you think you had?

<input type="text"/>	T4PREDPSYH_DX5
----------------------	----------------

Time 4 (T4) Supporter Interview 10_21_2011

24. I will now read you a series of stressful experiences and problems that may have occurred during the YEAR BEFORE YOUR service member's MOBILIZATION. As I read each item, please tell me Yes or No if you experienced the stressor during the YEAR BEFORE YOUR service member's MOBILIZATION.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused	4.00
A. A family member with a physical illness T4PREDPSYH_STREXP1	<input type="radio"/>				
B. A family member with a psychological problem T4PREDPSYH_STREXP2	<input type="radio"/>				
C. Employment related problem T4PREDPSYH_STREXP3	<input type="radio"/>				
D. Financial problem T4PREDPSYH_STREXP4	<input type="radio"/>				
E. Legal problem T4PREDPSYH_STREXP5	<input type="radio"/>				
F. Interpersonal problem with a family member T4PREDPSYH_STREXP6	<input type="radio"/>				
G. Parent child conflict T4PREDPSYH_STREXP7	<input type="radio"/>				
H. Death of a family member or close friend T4PREDPSYH_STREXP8	<input type="radio"/>				

Time 4 (T4) Supporter Interview 10_21_2011

10. Concerns about Life and Family Disruption Scale

Interviewer Read: For this next series, please turn to page 5 in the show card booklet.

1. I'm now going to read you a series of questions about concerns you MAY have had BEFORE your service member deployed for his/her MOST RECENT DEPLOYMENT. For each question, use the response options on Card C1.

BEFORE your service member mobilized in [Q7] for his/her MOST RECENT DEPLOYMENT, how concerned were you about...(insert item)? Would you say (A) not at all, (B) a little, (C) moderately, (D) a great deal or (E) not applicable?

(Interviewer: Once the respondent understands the pattern, you can just use a short stem like "How concerned were you about...? or "What about....?" and allow the respondent to provide the response using the choices on Card C1. Repeat the response choices as needed.)

	A. Not at all 1.00	B. A little 2.00	C. Moderately 3.00	D. A great deal 4.00	E. Not applicable 0.00
1. ...him/her missing out on a promotion for a job back home. T4LFCNCRNS1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...him /her missing out on opportunities to start a career while he/she was away. T4LFCNCRNS2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...damage to his/her career because he/she would be overseas for a long time. T4LFCNCRNS3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...him/her losing touch with his/her co-workers or supervisors back home. T4LFCNCRNS4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...him/her being unable to financially support his/her family while away. T4LFCNCRNS5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...harming your relationship with him/her. T4LFCNCRNS6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...being left by him/her. T4LFCNCRNS7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...him/her missing out on his/her children's growth and development while he/she was away. T4LFCNCRNS8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...him/her losing touch with his/her friends. T4LFCNCRNS9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...him/her missing T4LFCNCRNS10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Supporter Interview 10_21_2011

important events at home

such as birthdays,
weddings, funerals,
graduations, etc.

11. ...the well-being of your

family or friends while

he/she was away. **T4LFCNCRNS11**

12. ...his/her inability to

help his/her family or

friends if they had some

type of problem. **T4LFCNCRNS12**

13. ...his/her inability to

directly manage or control

family affairs. **T4LFCNCRNS13**

14. ...the care that your

children were receiving

while he/she was away. **T4LFCNCRNS14**

Time 4 (T4) Supporter Interview 10_21_2011

11. During Service Member's Deployment Physical Health

Interviewer Read: I'm now going to ask you a few questions about possible health conditions and concerns you may have experienced DURING your service member's MOST RECENT DEPLOYMENT.

1. You will need Card D1 on page 6. (Pause) You may remember this list from earlier.

Card D1 describes some common health concerns and conditions. As I read each item, please tell me Yes or No if you had the health concern or condition at ANY time DURING YOUR service member's MOST RECENT DEPLOYMENT

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Memory problems or lapses T4MRDPH1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Balance problems or dizziness T4MRDPH2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Ringing in the ears T4MRDPH3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sensitivity to bright light T4MRDPH4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Irritability T4MRDPH5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Headaches T4MRDPH6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Sleep problems T4MRDPH7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Chronic cough T4MRDPH8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Runny nose T4MRDPH9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Fever T4MRDPH10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Weakness T4MRDPH11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Swollen, stiff, or painful joints (such as knees, shoulders, ankles, and elbows) T4MRDPH12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Back pain T4MRDPH13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Muscle aches T4MRDPH14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Numbness or tingling in hands or feet T4MRDPH15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Skin diseases or rashes T4MRDPH16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Redness of eyes with tearing T4MRDPH17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. Dimming of vision (like the lights were going out) T4MRDPH18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. Chest pain or pressure T4MRDPH19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. Racing heart or heart palpitations T4MRDPH20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U. Difficulty breathing or shortness of breath T4MRDPH21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Supporter Interview 10_21_2011

V. Diarrhea, vomiting, or frequent indigestion T4MRDPH22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
W. Taking more risks such as driving faster T4MRDPH23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X. Hearing loss T4MRDPH24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Y. Blurred vision T4MRDPH25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Z. Chronic fatigue T4MRDPH26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AA. Making more mental mistakes than in the past T4MRDPH27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Now, please follow along with me using card D2 on the next page. (pause) As I read each item, please tell me Yes or No if a doctor told you that you had OR you were treated for any of the following conditions DURING YOUR service member's MOST RECENT DEPLOYMENT.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Asthma, emphysema, chronic bronchitis, or chronic obstructive pulmonary disease T4MRDPH_DOC1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Hypertension or high blood pressure T4MRDPH_DOC2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Diabetes T4MRDPH_DOC3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Respiratory illness T4MRDPH_DOC4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Myocardial infarction, heart attack, or heart problems (including angina and chest pain) T4MRDPH_DOC5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. High cholesterol T4MRDPH_DOC6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Serious wound or injury T4MRDPH_DOC7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Cancer T4MRDPH_DOC8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. What about any other physical health conditions? T4MRDPH_DOC9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/> T4MRDPH_DOC_OT9			

Time 4 (T4) Supporter Interview 10_21_2011

12. During Service Member's Deployment Psychological Problems

Interviewer Read: In this next section we will again be focusing on the period of time DURING YOUR service member's MOST RECENT DEPLOYMENT. These next questions will focus on common PSYCHOLOGICAL PROBLEMS and other concerns that you may have had any time DURING YOUR service member's MOST RECENT DEPLOYMENT.

1. DURING your service member's MOST RECENT DEPLOYMENT, did you experience repeated disturbing memories or thoughts of a traumatic experience? T4MRDPSYH1

- No (Skip to Question 3) 1.00
- Yes 2.00
- Don't Know (Skip to Question 3) 3.00
- Refused (Skip to Question 3) 4.00

2. Did that last two weeks or longer?

T4MRDPSYH_D1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

3. DURING your service member's MOST RECENT DEPLOYMENT, did you experience feeling down, depressed, or hopeless? T4MRDPSYH2

- No (Skip to Question 5) 1.00
- Yes 2.00
- Don't Know (Skip to Question 5) 3.00
- Refused (Skip to Question 5) 4.00

4. Did that last two weeks or longer? T4MRDPSYH_D2

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Supporter Interview 10_21_2011

5. DURING your service member's MOST RECENT DEPLOYMENT, did you experience excessive anxiety or worry? T4MRDPSYH3

- No (Skip to Question 7) 1.00
- Yes 2.00
- Don't Know(Skip to Question 7) 3.00
- Refused (Skip to Question 7) 4.00

6. Did that last two weeks or longer? T4MRDPSYH_D3

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

7. DURING your service member's MOST RECENT DEPLOYMENT, did you experience problems with anger management? T4MRDPSYH4

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

8. Did that last two weeks or longer? T4MRDPSYH_D4

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

9. DURING your service member's MOST RECENT DEPLOYMENT, did you experience an alcohol use problem? T4MRDPSYH5

- No (Skip to Question 11) 1.00
- Yes 2.00
- Don't Know (Skip to Question 11) 3.00
- Refused (Skip to Question 11) 4.00

Time 4 (T4) Supporter Interview 10_21_2011

10. Did that last two weeks or longer? T4MRDPSYH_D5

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

11. DURING your service member's MOST RECENT DEPLOYMENT, did you smoke cigarettes or use other tobacco? T4MRDPSYH6

- No (Skip to Question 13) 1.00
- Yes 2.00
- Don't Know (Skip to Question 13) 3.00
- Refused (Skip to Question 13) 4.00

12. Did you use it for two weeks or longer? T4MRDPSYH_D6

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

13. DURING your service member's MOST RECENT DEPLOYMENT, did you have another substance use problem (other than alcohol or tobacco)? T4MRDPSYH7

- No (Skip to Question 15) 1.00
- Yes 2.00
- Don't Know (Skip to Question 15) 3.00
- Refused (Skip to Question 15) 4.00

14. Did that last two weeks or longer? T4MRDPSYH_D7

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Supporter Interview 10_21_2011

15. DURING your service member's MOST RECENT DEPLOYMENT, did you have any other psychological problem or other concern? T4MRDPSYH8

- No (Skip to Question 18) 1.00
- Yes 2.00
- Don't Know (Skip to Question 18) 3.00
- Refused (Skip to Question 18) 4.00

16. What was the other psychological problem or other concern? T4MRDPSYH_PR8

17. Did that last two weeks or longer? T4MRDPSYH_D8

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

18. DURING your service member's MOST RECENT DEPLOYMENT, did you take any medication prescribed to you because of a psychological problem? T4MRDPSYH_MED1

- No (Skip to Question 20) 1.00
- Yes 2.00
- Don't Know (Skip to Question 20) 3.00
- Refused (Skip to Question 20) 4.00

19. What prescribed medication(s) did you take?

(Interviewer: If respondent offers more than three medicines, it is okay to fill in multiple medicines in the same field.)

(Interviewer: If respondent offers one or two medicines only, be sure to inquire if there was anything else.)

Medication 1

T4MRDPSYH_MED2

Medication 2

T4MRDPSYH_MED3

Medication 3

T4MRDPSYH_MED4

Time 4 (T4) Supporter Interview 10_21_2011

20. DURING your service member's MOST RECENT DEPLOYMENT, did you see a professional for any psychological problem? T4MRDPSYH_PROF1

- No (Skip to Question 25) 1.00
- Yes 2.00
- Don't Know (Skip to Question 25) 3.00
- Refused (Skip to Question 25) 4.00

21. Using Card E1 on page 8, please tell me where you saw someone for psychological problems during your service member's MOST RECENT DEPLOYMENT. Please tell me all that apply.

(Interviewer: Please probe further until respondent has mentioned all that apply.)

Anything else?

- A. Military hospital overseas T4MRDPSYH_TYPE1
- B. Military hospital stateside T4MRDPSYH_TYPE2
- C. Civilian hospital T4MRDPSYH_TYPE3
- D. Military based outpatient facility overseas T4MRDPSYH_TYPE4
- E. Military based outpatient facility stateside T4MRDPSYH_TYPE5
- F. Combat Stress Control Unit T4MRDPSYH_TYPE6
- G. Military Chaplain Services T4MRDPSYH_TYPE7
- H. Military One Source T4MRDPSYH_TYPE8
- I. Military Family Life Consultant Program T4MRDPSYH_TYPE9
- J. Vet Center (VA Readjustment Counseling Services) T4MRDPSYH_TYPE10
- K. VA Medical Center (VAMC) T4MRDPSYH_TYPE11
- L. VA Outpatient Clinic (VA OPC) T4MRDPSYH_TYPE12
- M. VA Community Based Outpatient Clinic (CBOC) T4MRDPSYH_TYPE13
- N. Primary care doctor in the community through insurance or out of pocket T4MRDPSYH_TYPE14
- O. Any Psychological Health Professional in the community through insurance or out of pocket T4MRDPSYH_TYPE15
- P. Community mental health organization T4MRDPSYH_TYPE16
- Q. Missouri Access Crisis Intervention Hotlines T4MRDPSYH_TYPE17
- R. Mandatory Screening T4MRDPSYH_TYPE18
- S. Other T4MRDPSYH_TYPE19

Time 4 (T4) Supporter Interview 10_21_2011

Other (please specify)

T4MRDPSYH_TYPE_OT19

22. Did the professional tell you a diagnosis for the psychological problem(s)?

T4MRDPSYH_DX1

- No (Skip to Question 24) 1.00
- Yes 2.00
- Don't Know (Skip to Question 24) 3.00
- Refused (Skip to Question 24) 4.00

23. Please tell me what diagnosis you were told.

Anything else?

(Interviewer: If more than three, ask respondent for the three most serious diagnoses.)

(Interviewer: If the respondent reports only one or two diagnoses be sure to probe if there was anything else.)

(Interviewer: Complete this question and then skip to Question 24.)

MH Dx 1

T4MRDPSYH_DX2

MH Dx 2

T4MRDPSYH_DX3

MH Dx 3

T4MRDPSYH_DX4

24. (Interviewer: This question is asked only if the psychological health professional did NOT tell the respondent a diagnosis - Question 23 above NOT asked.)

What did you think you had?

T4MRDPSYH_DX5

Time 4 (T4) Supporter Interview 10_21_2011

25. I will now read you a series of stressful experiences and problems that may have occurred during your service member's MOST RECENT DEPLOYMENT. As I read each item, please tell me Yes or No if you experienced the stressor during your service member's MOST RECENT DEPLOYMENT.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. A family member with a physical illness T4MRDPSYH_STREXP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. A family member with a psychological problem T4MRDPSYH_STREXP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Employment related problem T4MRDPSYH_STREXP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Financial problem T4MRDPSYH_STREXP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Legal problem T4MRDPSYH_STREXP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Interpersonal problem with a family member T4MRDPSYH_STREXP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Parent child conflict T4MRDPSYH_STREXP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Death of a family member or close friend T4MRDPSYH_STREXP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Supporter Interview 10_21_2011

13. Current Education and Employment (post-deployment)

Interviewer Read: Next I would like to ask you questions about your experiences SINCE your service member's RETURN from his/her MOST RECENT DEPLOYMENT.

1. Are you currently enrolled or registered to attend a higher educational program through a university, college, or trade or technical school? T4DEMO_ED1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

2. For this next question, please use the choices on Card F1 on page 9. Compared to BEFORE your service member's MOST RECENT DEPLOYMENT, how would you rate your current income? T4DEMO_INC2

(Interviewer: Respondent does not have choice G or H in the show card booklet.)

- A. No income / not working (Skip to next module) 1.00
- B. A lot less 2.00
- C. A little less 3.00
- D. About the same 4.00
- E. A little more 5.00
- F. A lot more 6.00
- G. Don't know 7.00
- H. Refused 8.00

Time 4 (T4) Supporter Interview 10_21_2011

3. Are you currently employed?

T4DEMO_EMP1

(Interviewer: If respondent is self-employed, select Yes. If no, don't know or refused skip to next module.)

- No (Skip to next module) **1.00**
- Yes **2.00**
- Don't Know (Skip to next module) **3.00**
- Refused (Skip to next module) **4.00**

4. How many hours per week do you work?

total hours

T4DEMO_EMP2

5. What type of job do you currently have?

T4DEMO_EMP3

Time 4 (T4) Supporter Interview 10_21_2011

14. Post-deployment Support

Interviewer Read: This next series of items uses Card G1 on page 10. (pause)

1. The next statements refer to your experiences in the PAST MONTH. For each statement I read, use the response options on Card G1 focusing on the PAST MONTH period.

The first statement is (read first item). Would you say you (A) strongly disagree, (B) somewhat disagree, (C) neither agree nor disagree, (D) somewhat agree, or (E) strongly agree with this statement?

The next statement is (insert next item). How would you rate this statement using the response options on Card G1?

(Interviewer: Once the respondent understands the pattern, you can just read a short stem like "What about...?" or just read the statement and allow the respondent to provide the response using the choices on Card G1. Repeat the response choices as needed.)

(Interviewer: If needed because the respondent is not working or some other reason, you may tell the respondent he/she may also say "not applicable.")

A. Strongly disagree	B. Somewhat disagree	C. Neither agree nor disagree	D. Somewhat agree	E. Strongly agree	Not applicable
1.00	2.00	3.00	4.00	5.00	.00

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I am carefully listened to and understood by family members or friends. T4PDSUPP1 | <input type="radio"/> |
| 2. I have a friend or relative who makes me feel better when I am feeling down. T4PDSUPP2 | <input type="radio"/> |
| 3. I have problems that I cannot discuss with family or friends. T4PDSUPP3 | <input type="radio"/> |
| 4. I have a friend or relative I go to when I need good advice. T4PDSUPP4 | <input type="radio"/> |
| 5. There are people to whom I can talk to about the time when my service member was deployed. T4PDSUPP5 | <input type="radio"/> |
| 6. The people I work with respect the fact that my spouse/ partner is a veteran. T4PDSUPP6 | <input type="radio"/> |
| 7. My supervisor understands when I need T4PDSUPP7 | <input type="radio"/> |

Time 4 (T4) Supporter Interview 10_21_2011

time off to take care of
personal matters.

8. My friends or relatives would lend me money if I needed it. **T4PDSUPP8**

9. My friends or relatives would help me move my belongings if I needed to. **T4PDSUPP9**

10. When I am ill, friends or family members will help out until I am well. **T4PDSUPP10**

Time 4 (T4) Supporter Interview 10_21_2011

15. Burns Relationship Satisfaction Scale

Interviewer Read: This next section is about relationships. In a moment I will read a series of categories and ask you to rate your satisfaction with your closest relationship.

1. Before we begin, using card H1 on page 11, (pause) please tell me your closest relationship in the PAST MONTH. T4RELA1

(Interviewer: Respondent does not have choice L-N in the show card booklet. If the respondent reports no closest relationship, doesn't know, or refuses, skip to next module.)

(Interviewer: If respondent reports more than one closest relationship, encourage the respondent to select the one that is the closest.)

- A. Spouse 1.00
- B. Partner /Significant other 2.00
- C. Fiance/fiancee 3.00
- D. Girlfriend/Boyfriend 4.00
- E. Mother 5.00
- F. Father 6.00
- G. Sibling 7.00
- H. Grandparent 8.00
- I. Child 9.00
- J. Friend 10.00
- K. Other (Please specify below) 11.00
- L. No closest relationship (Skip to next module) 12.00
- M. Don't know (Skip to next module) 13.00
- N. Refused (Skip to next module) 14.00

Other (DO NOT RECORD NAMES - RECORD RELATIONSHIP CATEGORY)

 T4RELA_OT1

Time 4 (T4) Supporter Interview 10_21_2011

2. Please turn to Card H2 on the next page. Now, I'm going to read a series of categories. For each category, please select the amount of SATISFACTION you feel in your CLOSEST RELATIONSHIP with regard to the PAST MONTH.

The first category is (insert first item). Using the 8 options on Card H2, how do you rate your SATISFACTION in this category?

The next category is (insert next item). How do you rate your satisfaction for this?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the category and allow the respondent to provide the response using Card H2.)

	.00 A. Very Dissatisfied	1.00 B. Moderately Dissatisfied	2.00 C. Slightly Dissatisfied	3.00 D. Neutral	4.00 E. Slightly Satisfied	5.00 F. Moderately Satisfied	6.00 G. Very Satisfied	N/A 
1. Communication and openness T4RELScale1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2. Resolving conflicts and arguments T4RELScale2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. Degree of affection and caring T4RELScale3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4. Intimacy and closeness T4RELScale4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5. Satisfaction with your role in the relationship T4RELScale5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6. Satisfaction with the other person's role T4RELScale6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7. Overall satisfaction with your relationship T4RELScale7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Time 4 (T4) Supporter Interview 10_21_2011

3. Please turn to Card H3 on the next page. Now, for these next few questions, I would like you to again keep this CLOSEST RELATIONSHIP in mind for the PAST MONTH.

Using the response options on Card H3, tell me how often you argue? T4RELA_DIFF1

- A. All the time 1.00
- B. Most of the time 2.00
- C. More often than not 3.00
- D. Occasionally 4.00
- E. Rarely 5.00
- F. Never 6.00
- G. Not applicable 7.00
- H. Don't Know 8.00
- I. Refused 9.00

4. How often do you get on each other's nerves? T4RELA_DIFF2

- A. All the time 1.00
- B. Most of the time 2.00
- C. More often than not 3.00
- D. Occasionally 4.00
- E. Rarely 5.00
- F. Never 6.00
- G. Not applicable 7.00
- H. Don't Know 8.00
- I. Refused 9.00

Time 4 (T4) Supporter Interview 10_21_2011

5. How often do you argue about parenting? T4RELA_DIFF3

- A. All the time 1.00
- B. Most of the time 2.00
- C. More often than not 3.00
- D. Occasionally 4.00
- E. Rarely 5.00
- F. Never 6.00
- G. Not applicable 7.00
- H. Don't Know 8.00
- I. Refused 9.00

Time 4 (T4) Supporter Interview 10_21_2011

16. Post-deployment Physical Health

Interviewer Read: Next, we are interested in knowing about your PHYSICAL HEALTH in the PAST MONTH.

1. You will need Card I1 on page 14 for this next question. (Pause). You may remember this list from earlier. Card I1 describes some common health concerns and conditions. As I read each item, please tell me Yes or No if you had the health concern or condition in the PAST MONTH

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Memory problems or lapses T4PDPH1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Balance problems or dizziness T4PDPH2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Ringing in the ears T4PDPH3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sensitivity to bright light T4PDPH4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Irritability T4PDPH5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Headaches T4PDPH6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Sleep problems T4PDPH7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Chronic cough T4PDPH8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Runny nose T4PDPH9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Fever T4PDPH10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Weakness T4PDPH11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Swollen, stiff, or painful joints (such as knees, shoulders, ankles, and elbows) T4PDPH12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Back pain T4PDPH13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Muscle aches T4PDPH14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Numbness or tingling in hands or feet T4PDPH15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Skin diseases or rashes T4PDPH16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Redness of eyes with tearing T4PDPH17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. Dimming of vision (like the lights were going out) T4PDPH18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. Chest pain or pressure T4PDPH19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. Racing heart or heart palpitations T4PDPH20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U. Difficulty breathing or shortness of breath T4PDPH21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Diarrhea, vomiting, or frequent indigestion T4PDPH22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Supporter Interview 10_21_2011

W. Taking more risks such as driving faster T4PDPH23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X. Hearing loss T4PDPH24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Y. Blurred vision T4PDPH25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Z. Chronic fatigue T4PDPH26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AA. Making more mental mistakes than in the past T4PDPH27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BB. Sexual dysfunction or other sexual problems T4PDPH28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Now, please follow along with me using Card I2 on the next page. (pause) As I read each item, please tell me Yes or No if a doctor told you that you had OR you were treated for any of the following conditions in the PAST MONTH.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Asthma, emphysema, chronic bronchitis, or chronic obstructive pulmonary disease T4PDPH_DOC1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Hypertension or high blood pressure T4PDPH_DOC2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Diabetes T4PDPH_DOC3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Respiratory illness T4PDPH_DOC4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Myocardial infarction, heart attack, or heart problems (including angina and chest pain) T4PDPH_DOC5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. High cholesterol T4PDPH_DOC6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Serious wound or injury T4PDPH_DOC7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Cancer T4PDPH_DOC8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. What about any other physical health conditions? T4PDPH_DOC9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

T4PDPH_DOC_OT9

Time 4 (T4) Supporter Interview 10_21_2011

3. Next I'm going to ask you about problems with your work or other regular daily activities as a result of your PHYSICAL HEALTH.

During the PAST MONTH, have you (insert item)?

(Interviewer: Once the respondent understands the question pertains to the PAST MONTH, shorten the stem question to "Have you...?")

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1. Cut down on the AMOUNT OF TIME you spent on work or other activities as a result of your PHYSICAL HEALTH? T4PDPH_RP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ACCOMPLISHED LESS than you would like as a result of your PHYSICAL HEALTH? T4PDPH_RP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Been limited in the KIND of work or other activities as a result of your PHYSICAL HEALTH? T4PDPH_RP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Had DIFFICULTY performing the work or other activities (for example, it took extra effort) as a result of your PHYSICAL HEALTH? T4PDPH_RP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. During the PAST MONTH, to what extent has your physical health interfered with your normal social activities with family, friends, neighbors, or groups? Would you say Not At All, Slightly, Moderately, Quite a bit, or Extremely? [T4PDPH_RATE1](#)

- Not at all 1.00
- Slightly 2.00
- Moderately 3.00
- Quite a bit 4.00
- Extremely 5.00

Time 4 (T4) Supporter Interview 10_21_2011

5. Overall, how would you rate your physical health during the PAST MONTH using the following choices? Excellent, Very Good, Good, Fair, or Poor. T4PDPH_RATE2

- A. Excellent 1.00
- B. Very Good 2.00
- C. Good 3.00
- D. Fair 4.00
- E. Poor 5.00
- F. Don't Know 6.00
- G. Refused 7.00

6. Now, using Card I3 on page 16, compared to one-year BEFORE your service member's MOST RECENT DEPLOYMENT, how would you rate your physical health in general in the PAST MONTH? T4PDPH_RATE3

- A. Much better now than before my service member deployed 1.00
- B. Somewhat better now than before my service member deployed 2.00
- C. About the same as before my service member deployed 3.00
- D. Somewhat worse now than before my service member deployed 4.00
- E. Much worse now than before my service member deployed 5.00
- F. Don't Know 6.00
- G. Refused 7.00

Time 4 (T4) Supporter Interview 10_21_2011

17. Post Deployment Psychological Problems

These next questions will focus on common PSYCHOLOGICAL PROBLEMS and other concerns that you may have had in the PAST MONTH

1. In the PAST MONTH, did you experience repeated disturbing memories or thoughts of a traumatic experience? T4PDPSYH1

- No (Skip to Question 3) 1.00
- Yes 2.00
- Don't Know (Skip to Question 3) 3.00
- Refused (Skip to Question 3) 4.00

2. Did that last two weeks or longer? T4PDPSYH_D1

- No 5.00
- Yes 6.00
- Don't Know 7.00
- Refused 8.00

3. In the PAST MONTH, did you experience feeling down, depressed, or hopeless? T4PDPSYH2

- No (Skip to Question 5) 1.00
- Yes 2.00
- Don't Know (Skip to Question 5) 3.00
- Refused (Skip to Question 5) 4.00

4. Did that last two weeks or longer? T4PDPSYH_D2

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

5. In the PAST MONTH, did you experience excessive anxiety or worry? T4PDPSYH3

- No (Skip to Question 7) 1.00
- Yes 2.00
- Don't Know(Skip to Question 7) 3.00
- Refused (Skip to Question 7) 4.00

Time 4 (T4) Supporter Interview 10_21_2011

6. Did that last two weeks or longer? T4PDPSYH_D3

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

7. In the PAST MONTH, did you experience problems with anger management?

T4PDPSYH4

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

8. Did that last two weeks or longer? T4PDPSYH_D4

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

9. In the PAST MONTH, did you experience an alcohol use problem?

T4PDPSYH5

- No (Skip to Question 11) 1.00
- Yes 2.00
- Don't Know (Skip to Question 11) 3.00
- Refused (Skip to Question 11) 4.00

10. Did that last two weeks or longer? T4PDPSYH_D5

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 4 (T4) Supporter Interview 10_21_2011

11. In the PAST MONTH, did you smoke cigarettes or use other tobacco? T4PDPSYH6

- No (Skip to Question 13) 1.00
- Yes 2.00
- Don't Know (Skip to Question 13) 3.00
- Refused (Skip to Question 13) 4.00

12. Did you use it two weeks or longer? T4PDPSYH_D6

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

13. In the PAST MONTH, did you have another substance use problem (other than alcohol or tobacco)? T4PDPSYH7

- No (Skip to Question 15) 1.00
- Yes 2.00
- Don't Know (Skip to Question 15) 3.00
- Refused (Skip to Question 15) 4.00

14. Did that last two weeks or longer? T4PDPSYH_D7

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

15. In the PAST MONTH, did you have any other psychological problem or other concern?

- No (Skip to Question 18) 1.00 T4PDPSYH8
- Yes 2.00
- Don't Know (Skip to Question 18) 3.00
- Refused (Skip to Question 18) 4.00

16. What was the other psychological problem or other concern? T4PDPSYH_PR8

Time 4 (T4) Supporter Interview 10_21_2011

17. Did that last two weeks or longer? T4PDPSYH_D8

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

18. I'm now going to ask you about problems with work or other regular daily activities as a result of any PSYCHOLOGICAL PROBLEMS.

During the PAST MONTH, (insert item)

(Interviewer: Once the respondent understands the question pertains to the PAST MONTH, just read the item.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1. Have you cut down on the AMOUNT OF TIME you spent on work or other activities as a result of PSYCHOLOGICAL PROBLEMS? T4PDPSYH_RE1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you ACCOMPLISHED LESS than you would like as a result of PSYCHOLOGICAL PROBLEMS? T4PDPSYH_RE2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Did you do work or other activities LESS CAREFULLY THAN USUAL as a result of PSYCHOLOGICAL PROBLEMS? T4PDPSYH_RE3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. During the PAST MONTH, to what extent have psychological problems interfered with your normal social activities with family, friends, neighbors, or groups? Would you say Not At All, Slightly, Moderately, Quite a bit, or Extremely? T4PDPSYH_RATE1

- Not at all 1.00
- Slightly 2.00
- Moderately 3.00
- Quite a bit 4.00
- Extremely 5.00

Time 4 (T4) Supporter Interview 10_21_2011

20. Overall, how would you rate your psychological health during the PAST MONTH using the following choices? Excellent, Very Good, Good, Fair, or Poor.[T4PDPSYH_RATE2](#)

- A. Excellent 1.00
- B. Very Good 2.00
- C. Good 3.00
- D. Fair 4.00
- E. Poor 5.00
- F. Don't Know 6.00
- G. Refused 7.00

21. I will now read you a series of stressful experiences and problems that may have occurred in the PAST MONTH. As I read each item, please tell me Yes or No if you experienced the stressor during the PAST MONTH.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. A family member with a physical illness T4PDPSYH_STREXP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. A family member with a psychological problem T4PDPSYH_STREXP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Employment related problem T4PDPSYH_STREXP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Financial problem T4PDPSYH_STREXP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Legal problem T4PDPSYH_STREXP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Interpersonal problem with a family member T4PDPSYH_STREXP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Parent child conflict T4PDPSYH_STREXP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Death of a family member or close friend T4PDPSYH_STREXP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Supporter Interview 10_21_2011

18. AUDIT

Interviewer Read: Now I am going to ask some questions about your use of alcoholic beverages in the PAST MONTH. By alcoholic beverages, I mean beer, wine, wine coolers; or hard liquor like vodka, gin, or whiskey. When I use the term "drink", I mean a glass of wine, a can or bottle of beer, or a shot of hard liquor alone or in a mixed drink.

1. Please refer to Card J1 on page 17 for the response choices for this next question.

(Pause) How often did you have a drink containing alcohol in the PAST MONTH?

(Interviewer: If respondent indicates NEVER use your discretion to probe further as needed. For example "So, not even a glass of wine at a party in the past month?" OR "So nothing to drink AT ALL?" Then, if still NEVER (A) skip to questions 9 and 10. Also, Skip to questions 9 and 10 if respondent reports B.) T4ALC1

- A. Never 1.00
- B. At least 1 time since my service member returned from deployment, but not in the past month. 2.00
- C. 1 time in the past month 3.00
- D. 2 to 4 times a month in the past month 4.00
- E. 2 to 3 times a week in the past month 5.00
- F. 4 or more times a week in the past month 6.00
- G. Don't know 7.00
- H. Refused 8.00

2. In the PAST MONTH, how many drinks containing alcohol did you have on a typical day when you were drinking? T4ALC2

(Interviewer: As needed explain this question does not have a show card.)

- A. 1 or 2 *** 1.00
- B. 3 or 4 2.00
- C. 5 or 6 3.00
- D. 7, 8, or 9 4.00
- E. 10 or more 5.00
- F. Don't know 6.00
- G. Refused 7.00

Time 4 (T4) Supporter Interview 10_21_2011

3. Using card J2 on the next page, tell me how often did you have six or more drinks on one occasion in the PAST MONTH. T4ALC3

- A. Never *** 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

4. (Interviewer: *** If respondent reported A for question 2 - AND - A for question 3, skip to question 9. Do not ask next question.)

Interviewer Read: You will again use Card J2 for this next series of questions.

How often during the PAST MONTH have you found that you were not able to stop drinking once you had started? T4ALC4

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

5. How often during the PAST MONTH have you failed to do what was normally expected from you because of drinking? T4ALC5

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

Time 4 (T4) Supporter Interview 10_21_2011

6. How often during the PAST MONTH have you needed a first drink in the morning to get yourself going after a heavy drinking session? T4ALC6

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

7. How often during the PAST MONTH have you had a feeling of guilt or remorse after drinking? T4ALC7

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

8. How often during the PAST MONTH have you been unable to remember what happened the night before because you had been drinking? T4ALC8

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

9. Have you or someone else ever been injured as a result of your drinking? T4ALC9

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 4 (T4) Supporter Interview 10_21_2011

10. Has a relative or friend or a doctor or another health worker ever been concerned about your drinking or suggested you cut down? T4ALC10

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 4 (T4) Supporter Interview 10_21_2011

19. PCL - Civilian Version

Interviewer Read: For this next series of questions we will be using Card K1 on page 19. (pause)

1. I'm going to read a list of problems and complaints that people sometimes have in response to stressful life experiences. As I read each item, please focus on whether you have been bothered by that problem in the PAST MONTH.

The first item is (insert first item). How much would you say you have been bothered by this in the PAST MONTH? Would you say (A) Not at all; (B) A little bit; (C) Moderately; (D) Quite a bit; or (E) Extremely?

The next item is (insert next item). Using Card K1, how much have you been bothered by this experience in the PAST MONTH?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the item and allow the respondent to provide the response using the choices on Card K1.)

A. Not at all **1.00** B. A little bit **2.00** C. Moderately **3.00** D. Quite a bit **4.00** E. Extremely **5.00**

1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past	<input type="radio"/>				
2. Repeated, disturbing dreams of a stressful experience from the past	<input type="radio"/>				
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)	<input type="radio"/>				
4. Feeling very upset when something reminded you of a stressful experience from the past	<input type="radio"/>				
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past	<input type="radio"/>				
6. Avoiding thinking about or talking about a stressful experience from the past or	<input type="radio"/>				

Time 4 (T4) Supporter Interview 10_21_2011

avoiding having feelings
related to it

2. (PCL Continued)

A. Not at all 1.00 B. A little bit 2.00 C. Moderately 3.00 D. Quite a bit 4.00 E. Extremely 5.00

7. Avoiding activities or situations because they reminded you of a stressful experience from the past **T4PTSD7**
8. Trouble remembering important parts of a stressful experience from the past **T4PTSD8**
9. Loss of interest in activities that you used to enjoy **T4PTSD9**
10. Feeling distant or cut off from other people **T4PTSD10**
11. Feeling emotionally numb or being unable to have loving feelings for those close to you **T4PTSD11**
12. Feeling as if your future will somehow be cut short? **T4PTSD12**
13. Trouble falling or staying asleep **T4PTSD13**
14. Feeling irritable or having angry outbursts **T4PTSD14**
15. Having difficulty concentrating **T4PTSD15**
16. Being "super-alert" or watchful or on guard **T4PTAD16**
17. Feeling jumpy or easily startled **T4PTSD17**

Time 4 (T4) Supporter Interview 10_21_2011

20. Patient Health Questionnaire (PHQ-9)

Interviewer Read: For the next few questions we will need Card L1 on page 20. (pause)

1. I am going to ask you about some psychological problems you may have experienced in the PAST MONTH. Some of these may sound similar to previous questions, so please bear with me.

The first item is (insert first item). How often would you say you experienced that in the PAST MONTH? Would you say (A) Not at all, (B) Several days, (C) More than half the days, or (D) Nearly every day.

The next item is (insert next item). Using card L1, how often would you say you experienced this in the PAST MONTH?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the item and allow the respondent to provide the response using the choices on card L1.)

	A. Not at all .00	B. Several days 1.00	C. More than half the days 2.00	D. Nearly every day 3.00
1. Little interest or pleasure in doing things. T4DEP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless. T4DEP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much. T4DEP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy. T4DEP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating. T4DEP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down. T4DEP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television. T4DEP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot T4DEP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 4 (T4) Supporter Interview 10_21_2011

more than usual.

9. Thoughts that you would
be better off dead, or of
hurting yourself in some
way. **T4DEP9**

2. (Interviewer: If respondent checked off any problems 1-9 above as several days or longer (B-D), ask next question, otherwise skip to Question 3 to ask about suicide.)

Interviewer Read: You indicated that you had the following problems in the PAST MONTH (Interviewer read first 3 respondent endorsed B or longer). How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Not difficult at all; somewhat difficult; very difficult; or extremely difficult.

- Not difficult at all **1.00 T4DEP_DIFF1**
- Somewhat difficult **2.00**
- Very difficult **3.00**
- Extremely difficult **4.00**

Time 4 (T4) Supporter Interview 10_21_2011

**3. Please go ahead and turn the page of your show card booklet to Card L2 on page 21.
(Pause) I would like to ask you about thoughts of suicide. Looking at the response options
on Card L2, tell me how you would rate yourself.**

Interviewer Instructions:

**If respondent reports thoughts of suicide level C OR D, STOP INTERVIEW IMMEDIATELY
and contact clinical supervisor on call. (See Script below)**

If respondent reports level A or B, continue on to next module.

**If respondent reports B, E, or F inform clinical supervisor on call after the interview is
complete.**

T4DEP_SUI1

- A. I don't have any thoughts of killing myself. **1.00**
- B. I have thoughts of killing myself, but I would not carry them out. **2.00**
- C. I would like to kill myself. **3.00**
- D. I would kill myself if I had the chance **4.00**
- E. Don't Know **5.00**
- F. Refused **6.00**

(Interviewer: This is the script if respondent reports level C or D suicide thoughts. You may also use your own sincere words to express the equivalent.)

I'm concerned about your thoughts of suicide. For safety reasons, I need to check with my supervisor. I will call you back in a few minutes. If you don't hear from me in a few minutes, please call 1-800-863-7414.

Time 4 (T4) Supporter Interview 10_21_2011

21. Post-deployment Psychological Health Service Use

We have just a few remaining questions focusing on PSYCHOLOGICAL PROBLEMS. For these remaining questions, we will focus on the period of time SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT.

1. Since your service member RETURNED in [Q6], have you taken any medication prescribed to you for a psychological problem? T4PDPSU_MED1

- No (Skip to Question 3) 1.00
- Yes 2.00
- Don't know (Skip to Question 3) 3.00
- Refused (Skip to Question 3) 4.00

2. What prescribed medication(s) did you take?

(Interviewer: If respondent offers more than three medicines, it is okay to fill in multiple medicines in the same field.)

(Interviewer: If respondent offers one or two medicines only, be sure to inquire if there was anything else.)

Medication 1

T4PDPSU_MED2

Medication 2

T4PDPSU_MED3

Medication 3

T4PDPSU_MED4

3. Since your service member RETURNED, did you see a professional for any psychological problem? T4PDPSU_PROF1

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

Time 4 (T4) Supporter Interview 10_21_2011

4. Using Card M1 on page 22, please tell me where you saw someone for your psychological problems. Please tell me all that apply.

(Interviewer: Please probe further until respondent has mentioned all that apply.)

Anything else?

- A. Military hospital overseas T4PDPSU_TYPE1
- B. Military hospital stateside T4PDPSU_TYPE2
- C. Civilian hospital T4PDPSU_TYPE3
- D. Military based outpatient facility overseas T4PDPSU_TYPE4
- E. Military based outpatient facility stateside T4PDPSU_TYPE5
- F. Combat Stress Control Unit T4PDPSU_TYPE6
- G. Military Chaplain Services T4PDPSU_TYPE7
- H. Military One Source T4PDPSU_TYPE8
- I. Military Family Life Consultant Program T4PDPSU_TYPE9
- J. Vet Center (VA Readjustment Counseling Services) T4PDPSU_TYPE10
- K. VA Medical Center (VAMC) T4PDPSU_TYPE11
- L. VA Outpatient Clinic (VA OPC) T4PDPSU_TYPE12
- M. VA Community Based Outpatient Clinic (CBOC) T4PDPSU_TYPE13
- N. Primary care doctor in the community through insurance or out of pocket T4PDPSU_TYPE14
- O. Any Psychological Health Professional in the community through insurance or out of pocket T4PDPSU_TYPE15
- P. Community mental health organization T4PDPSU_TYPE16
- Q. Missouri Access Crisis Intervention Hotlines T4PDPSU_TYPE17
- R. Mandatory Screening T4PDPSU_TYPE18
- S. Other T4PDPSU_TYPE19

Other (please specify)

T4PDPSU_TYPE_OT19

5. Did the professional you saw tell you a diagnosis for the psychological problem(s)?

- No (Skip to Question 7) 1.00 T4PDPSU_DX1
- Yes 2.00
- Don't know (Skip to Question 7) 3.00
- Refused (Skip to Question 7) 4.00

Time 4 (T4) Supporter Interview 10_21_2011

6. Please tell me what diagnosis you were told.

Anything else?

(Interviewer: If respondent offers more than three diagnoses, ask him/her to tell you the three greatest concerns.)

(Interviewer: If respondent offers one or two diagnoses only, be sure to inquire if there was anything else.)

MH Dx 1

T4PDPSU_DX2

MH Dx 2

T4PDPSU_DX3

MH Dx 3

T4PDPSU_DX4

7. (Interviewer: This question is asked only if the psychological health professional did NOT tell the respondent a diagnosis - Question 6 above NOT asked.)

What did you think you had?

T4PDPSU_DX5

Time 4 (T4) Supporter Interview 10_21_2011

22. Income

Interviewer Read: We are close to being finished. I have just a couple of more questions.

1. Using card N1 on the last page of your booklet, please tell me the current approximate income level for yourself. You can just tell me the letter.

T4DEMO_INC1

(Interviewer: We are looking for approximate yearly income. Also, note that respondent does not have options "L. Don't Know or "M. Refused." as choices in booklet.)

- A. \$0 – \$9,999 1.00
- B. \$10,000 – \$19,999 2.00
- C. \$20,000 – \$29,999 3.00
- D. \$30,000 - \$39,999 4.00
- E. \$40,000 - \$49,999 5.00
- F. \$50,000 - \$59,999 6.00
- G. \$60,000 - \$69,999 7.00
- H. \$70,000 - \$79,999 8.00
- I. \$80,000 - \$89,999 9.00
- J. \$90,000 - \$99,999 10.00
- K. \$100,000 or more 11.00
- L. Don't know 12.00
- M. Refused 13.00

Time 4 (T4) Supporter Interview 10_21_2011

23. Final Wrap Up

Interviewer Read: We are at the end of our interview. Some of the material we covered may have been stressful at times. I would like to wrap up the interview on a positive note.

1. Can you describe for me what you consider the best experience you have had since your service member returned home?

(Interviewer: For this question, you may ask follow up questions to facilitate the respondent changing to positive frame.)

(Interviewer: Do not type while respondent is talking. Please fill this in after the interview is complete.)

T4BSTEXP1

That was the last of the questions for the interview.

In the package we mailed to you, there was a payment form. Please sign and complete that form and return it in the envelope we enclosed with your packet.

The information from the interview we just completed will help us learn more about the reintegration needs of service members and families and help future generations. Thank you so much for taking the time to participate.

Someone will be contacting you again in a few months to schedule your second interview.

Lastly, I would like to say that if you found this interview emotionally upsetting, I can have someone call you back to talk with you. Also, if you have questions or need to talk later, please don't hesitate to give us a call at our 1-800 number listed on the materials you received.

(Interviewer: If the respondent is having emotional difficulty after the interview, contact the clinical supervisor on call.)

2. Date and Time Interview Completed

MM DD YYYY HH MM AM/PM
Date and Time / / : Interview
Completed

T4COMPLETE1

Time 7 (T7) Soldier Interview 10_21_2011 All numerical sub-variables end with .00, which is not always specified due to space limitations.

1. Interviewer Preliminary Items

(Interviewer: Before beginning the interview, please complete the items on this page.)

1. Subject Number

 T7IPI1

2. What is the date and time this interview began?

MM DD YYYY HH MM AM/PM

Date & Time / / : T7IPI2

3. Interviewer ID

 T7IPI3

4. Confirm T4 or T7 Interview

T7IPI4

- T4 1.00
- T7 ** 2.00

5. Confirm Sample

T7IPI5

- Service member experimental group ** 1.00
- Service member control ** 2.00
- Supporter 3.00

6. (Interviewer: Enter full date of last interview in format with month day and year.)

(Example: January 1, 2010)

 T7IPI6

7. (Interviewer: Insert the month and year the service member returned from MOST RECENT DEPLOYMENT in the box below. This will allow the information to auto populate for future questions.)

** Month and Year returned from MOST RECENT DEPLOYMENT (Month / Year)

(Example format: April 2002)

 T7IPI7

Time 7 (T7) Soldier Interview 10_21_2011

8. (Interviewer: If the respondent reported a previous deployment before MOST RECENT DEPLOYMENT check YES below. This information is pulled from the T4 interview responses. - Received hazardous duty pay as a member of active duty or reserves or previous NG deployment before MOST RECENT DEPLOYMENT. Otherwise check NO)

- No 1.00 T7IPI8
 Yes 2.00

9. (Interviewer: If you checked YES to question 8 above, fill in the service member's MOST RECENT DEPLOYMENT information for MONTH and YEAR Deployed and MONTH and YEAR Returned and COUNTRY using the format below. This will auto populate for a later question.) T7IPI9

(Example format: April 2007 to April 2008 to Iraq)

10. (Interviewer: Please select No / Yes as to whether the service member reported an injury during his/her deployment that was reported at T4.) T7IPI10

- No 1.00
 Yes 2.00

11. (Interviewer: Enter the injury / wound / assault / physical hurt the service member reported during his/her T4 interview. This is the injury the service member received during deployment. This will allow the injury to auto populate for a future question.)

T7IPI11

** CHECK IN: This interview is used for T7 service member experimental group and control group.

(Interviewer: Before beginning the interview, make sure the respondent has the packet of materials for participating in the interview. And explain that the packet contains a show card booklet which provides the response options for some questions.)

Time 7 (T7) Soldier Interview 10_21_2011

2. Introductory Script

Interviewer Read:

This interview is a follow up to the one completed a few months ago. This interview seeks to better understand how service members and families are doing around 6 months after deployment. I want to convey my sincere thanks to you for taking time to continue to participate in this study. All of the questions asked in this interview are important and will contribute to the knowledge that will help current and future veterans and their families with reintegration after deployment.

Time 7 (T7) Soldier Interview 10_21_2011

3. Demographics

Interviewer Read: Many of the questions in this interview will be similar to the ones you answered in your previous interview. In general, for this interview, we are interested in how you have been doing since the last time you were interviewed.

I would like to begin by asking you a few preliminary questions related to changes in your life SINCE YOUR LAST INTERVIEW.

1. Before we begin this first module, I want to make sure we establish the date of your last interview. My records show that you completed your last interview with us on [Q6].

T7DEMO_MARR1

Has there been a change in your marital status since your last interview?

(Interviewer: If respondent reports no, don't know, or refused skip to question 6.)

- No (Skip to question 6) **1.00**
- Yes **2.00**
- Don't Know (Skip to question 6) **3.00**
- Refused (Skip to question 6) **4.00**

2. What is your current marital status?

T7DEMO_MARR2

(Interviewer: If respondent reports Don't Know or Refused skip to Question 6).

- Married **1.00**
- Divorced or Separated **2.00**
- Widowed **3.00**
- Don't Know (Skip to Question 6) **4.00**
- Refused (Skip to Question 6) **5.00**

Time 7 (T7) Soldier Interview 10_21_2011

3. How many months have you been_____? (Interviewer Insert: Married, Divorced, Separated, or Widowed based on previous response.)

(Interviewer: Record number of months respondent has been Married, Divorced or Separated, or Widowed) using the drop down menu in the corresponding row below.)

(Interviewer: Once you record the number of months married, ask Question 4. Once you record the number of months divorced, separated, or widowed, skip to Question 5.)

Number of Months		
Married (Go Q4)	1(0)-51(50)	<input type="button" value="▼"/> T7DEMO_MARR3
Divorced or Separated (Go Q5)	1(0)-51(50)	<input type="button" value="▼"/> T7DEMO_MARR4
Widowed (Go Q5)	1(0)-51(50)	<input type="button" value="▼"/> T7DEMO_MARR5

4. Are you currently living with your spouse? T7DEMO_MARR6

(Interviewer: This version of the question is asked ONLY IF respondent reported being married since last interview. After asking this question, skip to question 6.)

- No (Skip to Question 6) 1.00
- Yes (Skip to Question 6) 2.00
- Don't know (Skip to Question 6) 3.00
- Refused (Skip to Question 6) 4.00

5. Are you currently living with a significant other or partner? T7DEMO_MARR7

(Interviewer: This question is just for those that reported divorced, separated, or widowed above.)

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 7 (T7) Soldier Interview 10_21_2011

6. SINCE YOUR LAST INTERVIEW have you added any new children to your care?

T7DEMO_CHI1

(Interviewer: If no, don't know or refused, skip to question 9.)

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

7. How many children have you added? T7DEMO_CHI2

(Interviewer: Select the number of children. If more than 12, select 13. If respondent doesn't know, select 98. If respondent refuses, select 99. Include step children if respondent considers them his/her children.)

Number of Children

Select

1(0) - 14(13), 15 is 98, 16 is 99



8. Starting with the youngest ADDITIONAL child SINCE YOUR LAST INTERVIEW, how old is each?

(Interviewer: Paraphrase the question if respondent only reported one child.)

(Interviewer: If needed to keep track, write the first name and age on a piece of paper. Record the age for each child below. If respondent does not know, select 98. If respondent refuses, select 99. If less than 1 year old, select 0.)

T7DEMO_CHI3 Child 1

T7DEMO_CHI4 Child 2

T7DEMO_CHI5 Child 3

Select



1(1) - 50(50), 51 is 98, 52 is 99, 53 is 0

9. Are you currently enrolled or registered to attend a higher educational program through a university, college, or trade or technical school? T7DEMO_ED1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 7 (T7) Soldier Interview 10_21_2011

10. Using card A1 on page 2 of your booklet (pause), please tell me the current approximate income level for yourself. You can just tell me the letter. T7DEMO_INC1

(Interviewer: We are looking for approximate yearly income. Also, note that respondent does not have options "L. Don't Know or "M. Refused." as choices in booklet.)

- A. \$0 – \$9,999 1.00
- B. \$10,000 – \$19,999 2.00
- C. \$20,000 – \$29,999 3.00
- D. \$30,000 - \$39,999 4.00
- E. \$40,000 - \$49,999 5.00
- F. \$50,000 - \$59,999 6.00
- G. \$60,000 - \$69,999 7.00
- H. \$70,000 - \$79,999 8.00
- I. \$80,000 - \$89,999 9.00
- J. \$90,000 - \$99,999 10.00
- K. \$100,000 or more 11.00
- L. Don't know 12.00
- M. Refused 13.00

**11. For this next question, please use the choices on Card A2 on page 3. (pause)
Compared to BEFORE your MOST RECENT DEPLOYMENT, how would you rate your current income?** T7DEMO_INC3

(Interviewer: Respondent does not have options G and H in the show card booklet.)

- A. No income / not working (Skip to next module) 1.00
- B. A lot less 2.00
- C. A little less 3.00
- D. About the same 4.00
- E. A little more 5.00
- F. A lot more 6.00
- G. Don't know 7.00
- H. Refused 8.00

Time 7 (T7) Soldier Interview 10_21_2011

12. Are you currently employed? T7DEMO_EMP1

(Interviewer: If respondent is self-employed, select Yes. If no, don't know or refused skip to next module.)

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

13. How many hours per week do you work? T7DEMO_EMP2

total hours

14. What type of job do you currently have?

T7DEMO_EMP3

Time 7 (T7) Soldier Interview 10_21_2011

4. Previous TBI and Combat Experiences

Before we ask you more about how you are doing now, I would first like to ask you a few questions related to your life BEFORE your MOST RECENT DEPLOYMENT.

1. For this section, we will need Card B1 on Page 4. (Pause) As I read the items on Card B1, I would like you to tell me either Yes or No if you EVER experienced the event BEFORE YOUR MOST RECENT DEPLOYMENT and the YEAR it occurred.

The first experience is (pause and insert first item).

What year(s) did that occur?

(Interviewer: After the first item just read each experience with appropriate pause.)

(Interviewer: If the respondent reports YES, query the Year or Years the TBI exposure occurred. As needed, say "Any other years?" If respondent does not know the year, select 9998. If the respondent refused the year, select 9999.)

(Interviewer: If more than three occurrences in separate years, select the three most recent occurrences.)

(Interviewer: As needed, clarify that the event DOES NOT need to be deployment / military related.)

(Interviewer: If the respondent answers no, don't know, or refused to all the items below skip to question 4 - CHECK POINT.)

1(1950) - 66(2015), 67 is 9998, 68 is 9999

	Occured	Year (if only 1 time)	Year 2nd occurrence	Year 3rd occurrence
A. Explosion or blast - military or non military related	<input type="text"/> T7PTBI_OCC1	<input type="text"/> T7PTBI_YFO1	<input type="text"/> T7PTBI_YSO1	<input type="text"/> T7PTBI_YTO1
B. Vehicular accident / crash (any vehicle including aircraft)	<input type="text"/> T7PTBI_OCC2 <input type="text"/> T7PTBI_OCC3	<input type="text"/> T7PYBI_YFO2 <input type="text"/> T7PTBI_YFO3	<input type="text"/> T7PTBI_YSO2 <input type="text"/> T7PTBI_YSO3	<input type="text"/> T&PTBI_YTO2 <input type="text"/> T7PTBI_YTO3
C. Fall and hit your head	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Sports, recreation, or work injury to your head	<input type="text"/> T7PTBI_OCC4	<input type="text"/> T7PTBI_YFO4	<input type="text"/> T7PTBI_YSO4	<input type="text"/> T7PTBI_YTO4
E. Other incident where your head was injured	<input type="text"/> T7PTBI_OCC5	<input type="text"/> T7PTBI_YFO5	<input type="text"/> T7PTBI_YSO5	<input type="text"/> T7PTBI_YTO5
Other (please specify)				

Time 7 (T7) Soldier Interview 10_21_2011

T7PTBI_OT5

2. Did any of the following happen to you, or were you told happened to you, IMMEDIATELY after any of the event(s) you just noted on Card B1? (Interviewer: Pause before reading first item.)

(Interviewer: If needed, clarify these next items refer to any of the 5 experiences above.)

(Interviewer: Just read each item, pausing as needed.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
Lost consciousness or got "knocked out" T7PTBI1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt dazed, confused, or "saw stars" T7PTBI2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have symptom of Didn't remember the event T7PTBI3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a concussion T7PTBI4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a head injury T7PTBI5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Did any of the following problems begin or get worse AFTER the event(s) you noted on Card B1? (Pause before reading first item)

(Interviewer: Just read the item. However, if needed, you may read the short stem question "Have you had...?" before reading each item.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Memory problems or lapses T7PTBI6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Balance problems or dizziness T7PTBI7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Ringing in the ears T7PTBI8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sensitivity to bright light T7PTBI9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Irritability T7PTBI10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Headaches T7PTBI11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Sleep problems T7PTBI12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Soldier Interview 10_21_2011

4. (Interviewer Checkpoint: If respondent reported in the T4 interview that he/she had a PRIOR deployment IN ADDITION to MOST RECENT DEPLOYMENT where he/she received hazardous duty pay - either Active Duty, Reserves, or prior National Guard deployment - check YES below and proceed to question 5. If respondent DID NOT report a deployment PRIOR to MOST RECENT DEPLOYMENT, check NO and proceed to the next module.)

(Prior Deployment from T4 Yes / No Auto Populate: [Q8]) T7PREVDEPL1

- No (SKIP to NEXT MODULE) 1.00
- Yes 2.00

5. In your previous interview several months ago, you mentioned that you had been deployed more than once. INCLUDING YOUR MOST RECENT DEPLOYMENT, how many times total have you been deployed overseas for which you received hazardous duty pay? T4PREVDEPL2

(Interviewer: If needed, clarify that this includes active duty, reserve, or National Guard deployment for which the respondent received hazardous duty pay. Note: The respondent should report at least 2 deployments total including most recent deployment.)

- 1 deployment (CLARIFY as needed and SKIP TO NEXT MODULE) 1.00
- 2 deployments (Go to Question 6) 2.00
- 3 deployments (Go to Question 6) 3.00
- 4 deployments (Go to Question 6) 4.00
- 5 or more deployments (Go to Question 6) 5.00

Time 7 (T7) Soldier Interview 10_21_2011

6. From what you told us in your last interview, I have your MOST RECENT DEPLOYMENT as [Q9].

I would like to get the same details related to your OTHER deployments where you received hazardous duty pay.

Moving backward in time, please tell me the deployment dates and country for your deployments PRIOR to YOUR MOST RECENT DEPLOYMENT.

(Interviewer: Record the deployment dates and country below in reverse chronological order. Select 9998 for Don't Know and 9999 for Refused.)

	Mon Deploy	Year Deploy	Month Deploy	Year	Month	Year	Country
Deployment B	T7PREVDEPL_MOD3	DD3	R3	YOR3	YOR3	COD3	
Deployment C	MOD4	YOD4	MOR4	YOR4	YOR4	COD4	
Deployment D	MOD5	YOD5	MOR5	YOR5	YOR5	COD5	
Deployment E	MOD6	YOD6	MOR6	YOR6	YOR6	COD6	
Other (please specify)							T7PREVDEPL_CODOT

7. (Interviewer: IF only ONE PRIOR deployment to MOST RECENT DEPLOYMENT, fill in the below field with the country and deployment dates of the previous deployment (i.e. Deployment B above is only filled in)). T7PREVDEPL_MOSTCOM7

(Interviewer: IF MORE than one PRIOR deployment to MOST RECENT DEPLOYMENT, ask the following "ON WHICH DEPLOYMENT WOULD YOU SAY YOU EXPERIENCED THE MOST COMBAT?" and then enter country and deployment dates.)

(Note: If the respondent reports the MOST RECENT DEPLOYMENT (i.e. Deployment A) as the one where he/she experienced the most combat, ask the respondent which was the deployment with the second most combat and then enter country and deployment dates.

(Example data entry: VIETNAM FROM 1968 TO 1969)

Time 7 (T7) Soldier Interview 10_21_2011

8. For the next section we will use Card C1 on page 5. Please turn to this page now. You mentioned that you had been previously deployed to [insert phrase from question 7 above]. You will see a list of possible combat and other experiences you may have had during that deployment.

As we go through this list, I would like you to tell me Yes or No whether you experienced this during that previous deployment.

Did you experience item A "clearing and searching homes or buildings" during your deployment to [insert phrase from question 7 above]?

Did you experience (insert letter of item AND read experiences for B and C on the list)?

(Interviewer: After inquiring about items A-C on the list, just say the letter of the item for those in brackets [] (DO NOT READ THE EXPERIENCE ALOUD). However, full items F, M and P should be read. Further, as needed, use a variety of shorter stem questions such as "What about experience (insert letter)?", "Experience (insert letter)?", "What about (insert letter)?")

(Interviewer: Be sure to only record experiences for the respondent's deployment in question. Confirm this as needed.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Clearing or searching homes or buildings T7PCOMEXP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Saved the life of a soldier or civilian T7PCOMEXP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Being attacked or ambushed T7PCOMEXP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. [Receiving incoming artillery, rocket, or mortar fire] T7PCOMEXP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. [Being shot at or receiving small-arms fire] T7PCOMEXP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Shooting or directing fire at the enemy T7PCOMEXP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. [Being responsible for the death of an enemy combatant] T7PCOMEXP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. [Being responsible for the death of a noncombatant] T7PCOMEXP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. [Seeing dead bodies or T7PCOMEXP9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Soldier Interview 10_21_2011

human remains]

J. [Handling or uncovering

human remains] **T7PCOMEXP10**

K. [Seeing dead or
seriously injured

Americans] **T7PCOMEXP11**

L. [Knowing someone
seriously injured or killed]

T7PCOMEXP12

M. Participating in
demining operations

T7PCOMEXP13

N. [Seeing ill or injured
women or children whom

you were unable to help] **T7PCOMEXP14**

O. [Being wounded or
injured] **T7PCOMEXP15**

P. Had a close call, was
shot or hit, but protective
gear saved you **T7PCOMEXP16**

Q. [Had a buddy shot or hit
who was near you] **T7PCOMEXP17**

R. [Engaging in hand-to-
hand combat] **T7PCOMEXP18**

S. [Sexual harrassment] **T7PSEXUH1**

T. [Sexual assualt] **T7PSEXUA1**

Interviewer Read: Please turn to the next page in your show card booklet.

Time 7 (T7) Soldier Interview 10_21_2011

5. Yellow Ribbon Attendance

Interviewer Read: In the next couple of sections, we will be focusing primarily on the period of time SINCE you RETURNED from YOUR MOST RECENT DEPLOYMENT. (Pause)

A few months ago you may have attended one or more National Guard Yellow Ribbon events. It is a relatively new program. I want to ask you some questions about the program.

1. How many Yellow Ribbon weekends have you attended SINCE RETURNING from your MOST RECENT DEPLOYMENT in [Q7]? T7YRA_X1

(Interviewer: If don't know, select 98. If refused, select 99.)

(Interviewer: If 0, 98, or 99, skip to question 9)

(Interviewer: If 1, skip to question 6)

- 0 (Skip to question 9) 1.00
- 1 (Skip to question 6) 2.00
- 2 3.00
- 98 (Skip to question 9) 4.00
- 99 (Skip to question 9) 5.00

2. What month and year did you FIRST attend a Yellow Ribbon weekend SINCE RETURNING from your MOST RECENT DEPLOYMENT?

(Select 98 for don't know. Select 99 for refused.)

1(1) -12(12), 13 is 98, 14 is 99
Month

1(2009) - 8(2016), 9 is 98, 10 is 99
Year

Month and Year YRRP

T7YRA_M_F2

T7YRA_Y_F2

3. In what city was it held?



Locations

T7YRA_C_F2

Other (please specify)

T7YRA_C_FOT2

Time 7 (T7) Soldier Interview 10_21_2011

4. Overall how helpful or useful was the information at the Yellow Ribbon you FIRST attended SINCE you RETURNED from YOUR MOST RECENT DEPLOYMENT? Would you say, poor, fair, average, good, or excellent? T7YRA_RATEF2

- A. Poor 1.00
- B. Fair 2.00
- C. Average 3.00
- D. Good 4.00
- E. Excellent 5.00
- F. Don't Know 6.00
- G. Refused 7.00

5. What month and year did you MOST RECENTLY attend a Yellow Ribbon weekend?

(Interviewer: Select 98 for don't know. Select 99 for refused.)

(Interviewer: Complete this question and then SKIP to QUESTION 7.)

1(1) - 12(12), 13 is 98, 14 is 99 Month

1(2009) - 8(2016) 9 is 98, 10 is 99 Year

Month and Year YRRP

T7YRA_M_R3

T7YRA_Y_R3

6. What month and year did you attend a Yellow Ribbon weekend after RETURNING from your MOST RECENT DEPLOYMENT?

(Interviewer: Select 98 for don't know. Select 99 for refused.)

1(1) - 12(12), 13 is 98, 14 is 99 Month

1(2009) - 8(2016) 9 is 98, 10 is 99 Year

Month and Year YRRP

T7YRA_M_R_B3

T7YRA_Y_R_B3

7. In what city was it held?

Locations

City

T7YRA_C_R3

Other (please specify)

T7YRA_C_ROT3

Time 7 (T7) Soldier Interview 10_21_2011

8. Overall how helpful or useful was the information at this Yellow Ribbon weekend?

Would you say, poor, fair, average, good, or excellent? T7YRA_RATER3

- A. Poor 1.00
- B. Fair 2.00
- C. Average 3.00
- D. Good 4.00
- E. Excellent 5.00
- F. Don't Know 6.00
- G. Refused 7.00

9. Did you attend a Yellow Ribbon event BEFORE you deployed for YOUR MOST RECENT DEPLOYMENT? T7YRA_BD4

- No (Skip to Question 13) 1.00
- Yes 2.00
- Don't Know (Skip to Question 13) 3.00
- Refused (Skip to Question 13) 4.00

10. What month and year did you attend a Yellow Ribbon weekend BEFORE your MOST RECENT DEPLOYMENT?

(Interviewer: Select 98 for don't know. Select 99 for refused.)

(Interviewer: If multiple Yellow Ribbons attended before MOST RECENT DEPLOYMENT select the one just before MOST RECENT DEPLOYMENT.)

1(1) - 12(12), 13 is 98, 14 is 99

Month

1(2009) - 8(2016), 9 is 98, 10 is 99

Year

Month and Year YRRP T7YRA_M_BD4

T7YRA_Y_BD4

11. In what city was it held?

City

1 is Branson, 2 is Columbia, 3 is Jefferson City, 4 is Kansas City, 5 is Springfield, 6 is St. Louis, 7 is Other, 8 is Don't Know, 9 is Refused

Locations

T7TRA_C_BD4

Other (please specify)

T7YRA_C_BDOT4

Time 7 (T7) Soldier Interview 10_21_2011

12. Overall how helpful or useful was the information at the Yellow Ribbon weekend you attended BEFORE YOUR MOST RECENT DEPLOYMENT? Would you say, poor, fair, average, good, or excellent? T7YRA_RATEBD4

- A. Poor 1.00
- B. Fair 2.00
- C. Average 3.00
- D. Good 4.00
- E. Excellent 5.00
- F. Don't Know 6.00
- G. Refused 7.00

13. (Interviewer: If respondent offers any UNSOLICITED comments about the Yellow Ribbon program, please summarize them below as appropriate. If not, skip to next module.) T7YRA_COMMENT5

6. Post-deployment Life Events

This next section focuses on events you may have experienced SINCE you RETURNED from YOUR MOST RECENT DEPLOYMENT.

1. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT in [Q7], have you experienced mobilization within the continent of the United States for a natural disaster or other crisis or emergency? T7PDLE1

- No (Skip to Q 3) 1.00
- Yes 2.00
- Don't Know (Skip to Q 3) 3.00
- Refused (Skip to Q 3) 4.00

2. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS1	T7PDLE_FYS1	T7PDLE_FME1	T7PDLE_FYE1
Month / Year Start and Stopped 2	T7PDLE_SMS2	T7PDLE_SYS1	T7PDLE_SME1	T7PDLE_SYE1
Month / Year Start and Stopped 3	T7PDLE_TMS1	T7PDLE_TYS1	T7PDLE_TME1	T7PDLE_TYE1

3. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT in [Q7], did you experience a natural disaster, a fire, or an accident in which you were hurt or had your property damaged? T7PDLE2

- No (Skip to Q 5) 1.00
- Yes 2.00
- Don't Know (Skip to Q 5) 3.00
- Refused (Skip to Q 5) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

4. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS2	T7PDLE_FYS2	T7PDLE_FME2	T7PDLE_FYE2
Month / Year Start and Stopped 2	T7PDLE_SMS2	T7PDLE_SYS2	T7PDLE_SME2	T7PDLE_SYE2
Month / Year Start and Stopped 3	T7PDLE_TMS2	T7PDLE_TYS2	T7PDLE_TME2	T7PDLE_TYE2

5. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, did you experience a serious operation? T7PDLE3

- No (Skip to Q 7) 1.00
- Yes 2.00
- Don't Know (Skip to Q 7) 3.00
- Refused (Skip to Q 7) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

6. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1 T7PDLE_FMS3	<input type="text"/>	<input type="text"/> T7PDLE_FYS3	<input type="text"/> T7PDLE_FME3	<input type="text"/> T7PDLE_FYE3
Month / Year Start and Stopped 2 T7PDLE_SMS3	<input type="text"/>	<input type="text"/> T7PDLE_SYS3	<input type="text"/> T7PDLE_SME3	<input type="text"/> T7PDLE_SYE3
Month / Year Start and Stopped 3 T7PDLE_TMS3	<input type="text"/>	<input type="text"/> T7PDLE_TYS3	<input type="text"/> T7PDLE_TME3	<input type="text"/> T7PDLE_TYE3

7. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced someone close to you with a severe mental illness or life threatening physical illness?

- No (Skip to Q 9) 1.00
T7PDLE4
- Yes 2.00
- Don't Know (Skip to Q 9) 3.00
- Refused (Skip to Q 9) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

8. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1 T7PDLE_FMS4	<input type="text"/> T7PDLE_FYS4	<input type="text"/> T7PDLE_FME4	<input type="text"/> T7PDLE_FYE4	
Month / Year Start and Stopped 2 T7PDLE_SMS4	<input type="text"/>	<input type="text"/> T7PDLE_SME4	<input type="text"/> T7PDLE_SYE4	
Month / Year Start and Stopped 3 T7PDLE_TMS4	<input type="text"/> T7PDLE_SYS4	<input type="text"/> T7PDLE_TME4	<input type="text"/> T7PDLE_TYE4	
		T7PDLE_TYS4		

9. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced the death of someone close to you? T7PDLE5

- No (Skip to Q 11) 1.00
- Yes 2.00
- Don't Know (Skip to Q 11) 3.00
- Refused (Skip to Q 11) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

10. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS5	T7PDLE_FYS5	T7PDLE_FME5	T7PDLE_FYE5
Month / Year Start and Stopped 2	T7PDLE_SMS5	T7PDLE_SYS5	T7PDLE_SME5	T7PDLE_SYE5
Month / Year Start and Stopped 3	T7PDLE_TMS5	T7PDLE_TYS5	T7PDLE_TME5	T7PDLE_TYE5

11. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced going through a divorce or being left by a partner or significant other?

(Interviewer: Rephrase question if needed depending on information shared by respondent in demographics update section. For example, respondent previously reported divorce or separation.)

T7PDLE6

- No (Skip to Q 13) 1.00
- Yes 2.00
- Don't Know (Skip to Q 13) 3.00
- Refused (Skip to Q 13) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

12. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS6	T7PDLE_FYS6	T7PDLE_FME6	T7PDLE_FYE6
Month / Year Start and Stopped 2	T7PDLE_SMS6			T7PDLE_SYE6
Month / Year Start and Stopped 3	T7PDLE_TMS6	T7PDLE_SYS6	T7PDLE_SME6	
		T7PDLE_TYS6	T7PDLE_TME6	T7PDLE_TYE6

13. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced losing your job?

T7PDLE7

- No (Skip to Q 15) **1.00**
- Yes **2.00**
- Don't Know (Skip to Q 15) **3.00**
- Refused (Skip to Q 15) **4.00**

Time 7 (T7) Soldier Interview 10_21_2011

14. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS7	T7PDLE_FYS7	T7PDLE_FME7	T7PDLE_FYE7
Month / Year Start and Stopped 2	T7PDLE_SMS7	T7PDLE_SYS7	T7PDLE_SME7	T7PDLE_SYE7
Month / Year Start and Stopped 3	T7PDLE_TMS7	T7PDLE_TYS7	T7PDLE_TME7	T7PDLE_TYE7

15. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced witnessing someone being assaulted or violently killed?

- No (Skip to Q 17) **1.00** T7PDLE8
- Yes **2.00**
- Don't Know (Skip to Q 17) **3.00**
- Refused (Skip to Q 17) **4.00**

Time 7 (T7) Soldier Interview 10_21_2011

16. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS8	T7PDLE_FYS8	T7PDLE_FME8	T7PDLE_FYE8
Month / Year Start and Stopped 2	T7PDLE_SMS8	T7PDLE_SYS8	T7PDLE_SME8	T7PDLE_SYE8
Month / Year Start and Stopped 3	T7PDLE_TMS8	T7PDLE_TYS8	T7PDLE_TME8	T7PDLE_TYE8

17. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced a stressful legal problem (for example, being sued or suing someone else)?

- No (Skip to Q 19) 1.00 T7PDLE9
- Yes 2.00
- Don't Know (Skip to Q 19) 3.00
- Refused (Skip to Q 19) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

18. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS9	T7PDLE_FYS9	T7PDLE_FME9	T7PDLE_FYE9
Month / Year Start and Stopped 2	T7PDLE_SMS9			
Month / Year Start and Stopped 3	T7PDLE_TMS9	T7PDLE_SYS9	T7PDLE_SME9	T7PDLE_SYE9
		T7PDLE_TYS9	T7PDLE_TME9	T7PDLE_TYE9

19. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced being robbed or had your home broken into? T7PDLE10

- No (Skip to Q 21) 1.00
- Yes 2.00
- Don't Know (Skip to Q 21) 3.00
- Refused (Skip to Q 21) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

20. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS10	T7PDLE_FYS10	T7PDLE_FME10	T7PDLE_FYE10
Month / Year Start and Stopped 2	T7PDLE_SMS10	T7PDLE_SYS10	T7PDLE_SME10	T7PDLE_SYE10
Month / Year Start and Stopped 3	T7PDLE_TMS10	T7PDLE_TYS10	T7PDLE_TME10	T7PDLE_TYE10

21. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced having a family member with a serious drug or alcohol problem?

- No (Skip to Q 23) **1.00** T7PDLE11
- Yes **2.00**
- Don't Know (Skip to Q 23) **3.00**
- Refused (Skip to Q 23) **4.00**

Time 7 (T7) Soldier Interview 10_21_2011

22. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS11	T7PDLE_FYS11	T7PDLE_FME11	T7PDLE_FYE11
Month / Year Start and Stopped 2	T7PDLE_SMS11	T7PDLE_SYS11	T7PDLE_SME11	T7PDLE_SYE11
Month / Year Start and Stopped 3	T7PDLE_TMS11	T7PDLE_TYS11	T7PDLE_TME11	T7PDLE_TYE11

23. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced you or your partner becoming pregnant for the FIRST time? T7PDLE12

- No (Skip to Q 25) 1.00
- Yes 2.00
- Don't Know (Skip to Q 25) 3.00
- Refused (Skip to Q 25) 4.00

24. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS12	T7PDLE_FYS12	T7PDLE_FME12	T7PDLE_FYE12

Time 7 (T7) Soldier Interview 10_21_2011

25. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced having to care for a special needs child or a child with a serious medical problem or disability? T7PDLE13

- No (Skip to Q 27) 1.00
- Yes 2.00
- Don't Know (Skip to Q 27) 3.00
- Refused (Skip to Q 27) 4.00

26. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS13	T7PDLE_FYS13	T7PDLE_FME13	T7PDLE_FYE13
Month / Year Start and Stopped 2	T7PDLE_SMS13	T7PDLE_SYS13	T7PDLE_SME13	T7PDLE_SYE13
Month / Year Start and Stopped 3	T7PDLE_TMS13	T7PDLE_TYS13	T7PDLE_TME13	T7PDLE_TYE13

27. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced being a parent for the FIRST time? T7PDLE14

- No (Skip to Q 29) 1.00
- Yes 2.00
- Don't Know(Skip to Q 29) 3.00
- Refused (Skip to Q 29) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

28. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT.)

Month / Year Start and Stopped	Month Start T7PDLE_FMS14	Year Start T7PDLE_FYS14	Month End T7PDLE_FME14	Year End T7PDLE_FYE14
--------------------------------	-----------------------------	----------------------------	---------------------------	--------------------------

29. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced feeling like you cannot control your children(s)' behaviors? T7PDLE15

(Interviewer: As needed, let the respondent know N/A is an optional response.)

- No (Skip to Q 31) 1.00
- Yes 2.00
- Don't Know (Skip to Q 31) 3.00
- Refused (Skip to Q 31) 4.00
- N/A (Skip to Q 31) 5.00

30. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

Month / Year Start and Stopped 1	Month Start T7PDLE_FMS15	Year Start T7PDLE_FYS15	Month End T7PDLE_FME15	Year End T7PDLE_FYE15
Month / Year Start and Stopped 2	T7PDLE_SMS15	T7PDLE_SYS15	T7PDLE_SME15	T7PDLE_SYE15
Month / Year Start and Stopped 3	T7PDLE_TMS15	T7PDLE_TYS15	T7PDLE_TME15	T7PDLE_TYE15

Time 7 (T7) Soldier Interview 10_21_2011

31. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced increased communication problems with your spouse/partner? T7PDLE16

(Interviewer: As needed, let the respondent know N/A is an optional response.)

- No (Skip to Q 33) 1.00
- Yes 2.00
- Don't Know (Skip to Q 33) 3.00
- Refused (Skip to Q 33) 4.00
- N/A (Skip to Q 33) 5.00

32. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1 T7PDLE_FMS16	<input type="text" value="T7PDLE_FYS16"/>	<input type="text" value="T7PDLE_FME16"/>	<input type="text" value="T7PDLE_FYE16"/>	
Month / Year Start and Stopped 2 T7PDLE_SMS16	<input type="text" value="T7PDLE_SYS16"/>	<input type="text" value="T7PDLE_SME16"/>	<input type="text" value="T7PDLE_SYE16"/>	
Month / Year Start and Stopped 3 T7PDLE_TMS16	<input type="text" value="T7PDLE_TYS16"/>	<input type="text" value="T7PDLE_TME16"/>	<input type="text" value="T7PDLE_TYE16"/>	

33. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced being emotionally mistreated (for example, shamed, embarrassed, ignored, or repeatedly told your were no good)? T7PDLE17

- No (Skip to Q 36) 1.00
- Yes 2.00
- Don't Know (Skip to Q 36) 3.00
- Refused (Skip to Q 36) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

34. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS17	T7PDLE_FYS17	T7PDLE_FME17	T7PDLE_FYE17
Month / Year Start and Stopped 2	T7PDLE_SMS17	T7PDLE_SYS17	T7PDLE_SME17	T7PDLE_SYE17
Month / Year Start and Stopped 3	T7PDLE_TMS17	T7PDLE_TYS17	T7PDLE_TME17	T7PDLE_TYE17

35. Was this as a result of a spouse or partner's actions?

T7PDLE_SPOU17

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

36. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced being physically injured by another person (for example, hit, kicked, or beaten up)?

T7PDLE18

- No (Skip to Q 39) 1.00
- Yes 2.00
- Don't Know (Skip to Q 39) 3.00
- Refused (Skip to Q 39) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

37. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS18	T7PDLE_FYS18	T7PDLE_FME18	T7PDLE_FYE18
Month / Year Start and Stopped 2	T7PDLE_SMS18	T7PDLE_SYS18	T7PDLE_SME18	T7PDLE_SYE18
Month / Year Start and Stopped 3	T7PDLE_TMS18	T7PDLE_TYS18	T7PDLE_TME18	T7PDLE_TYE18

38. Was this as a result of a spouse or partner's actions?

(Interviewer: If respondent reports YES, implement Domestic Violence Protocol at the end of the interview. Note: A Don't Know or Refusal response may also be appropriate to implement the Domestic Violence Protocol.) T7PDLE_SPOU18

- No 1.00
- Yes ** - Implement Domestic Violence Protocol 2.00
- Don't Know 3.00
- Refused 4.00

39. SINCE RETURNING FROM YOUR MOST RECENT DEPLOYMENT, have you experienced unwanted sexual activity as a result of force, threat of harm, or manipulation?

- No (Skip to next module) 1.00 T7PDLE19
- Yes 2.00
- Don't Know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

40. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1 T7PDLE_FMS19	<input type="text"/>	<input type="text"/> T7PDLE_FYS19	<input type="text"/> T7PDLE_FME19	<input type="text"/> T7PDLE_FYE19
Month / Year Start and Stopped 2 T7PDLE_SMS19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month / Year Start and Stopped 3 T7PDLE-TMS19	<input type="text"/>	<input type="text"/> T7PDLE_SYS19	<input type="text"/> T7PDLE_SME19	<input type="text"/> T7PDLE_SYE19
	<input type="text"/> T7PDLE_TYS19	<input type="text"/> T7PDLE_TME19	<input type="text"/> T7PDLE_TYE19	

41. Was this as a result of a spouse or partner's actions?

(Interviewer: If respondent reports YES, implement Domestic Violence Protocol at the end of the interview. Note: A Don't Know or Refusal response may also be appropriate to implement the Domestic Violence Protocol.) T7PDLE_SPOU19

- No 1.00
- Yes ** - Implement Domestic Violence Protocol 2.00
- Don't Know 3.00
- Refused 4.00

Time 7 (T7) Soldier Interview 10_21_2011

7. Post-deployment Physical Health

Interviewer Read: For most of the rest of this interview, we will be focusing on how you have been doing in the PAST MONTH. (Pause)

1. You will need Card D1 on page 6 for this next question. (Pause). Card D1 describes some common health concerns and conditions. As I read each item, please tell me Yes or No if you had the health concern or condition in the PAST MONTH.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Memory problems or lapses T7PDPH1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Balance problems or dizziness T7PDPH2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Ringing in the ears T7PDPH3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sensitivity to bright light T7PDPH4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Irritability T7PDPH5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Headaches T7PDPH6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Sleep problems T7PDPH7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Chronic cough T7PDPH8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Runny nose T7PDPH9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Fever T7PDPH10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Weakness T7PDPH11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Swollen, stiff, or painful joints (such as knees, shoulders, ankles, and elbows) T7PDPH12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Back pain T7PDPH13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Muscle aches T7PDPH14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Numbness or tingling in hands or feet T7PDPH15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Skin diseases or rashes T7PDPH16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Redness of eyes with tearing T7PDPH17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. Dimming of vision (like the lights were going out) T7PDPH18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. Chest pain or pressure T7PDPH19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. Racing heart or heart palpitations T7PDPH20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U. Difficulty breathing or shortness of breath T7PDPH21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Diarrhea, vomiting, or frequent indigestion T7PDPH22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Soldier Interview 10_21_2011

W. Taking more risks such as driving faster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X. Hearing loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Y. Blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Z. Chronic fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AA. Making more mental mistakes than in the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BB. Sexual dysfunction or other sexual problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Now, please follow along with me using card D2 on the next page. (pause) As I read each item, please tell me Yes or No if a doctor told you that you had OR you were treated for any of the following conditions in the PAST MONTH.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Asthma, emphysema, chronic bronchitis, or chronic obstructive pulmonary disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Hypertension or high blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Respiratory illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Myocardial infarction, heart attack, or heart problems (including angina and chest pain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Serious wound or injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. What about any other physical health conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

T7PDPH_DOC_OT9

3. (INTERVIEWER CHECK POINT: If respondent reported Yes to an injury during most recent deployment (Previous Response: [Q10]), please Check Yes below and ask next question. Otherwise, Check NO and skip to Question 6.) T7PDPH_INJ1

- No (Skip to Question 6) 1.00
- Yes 2.00
- Don't Know (Skip to Question 6) 3.00
- Refused (Skip to Question 6) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

**4. You mentioned that you had __[Q11]__ during your MOST RECENT DEPLOYMENT.
Have you experienced any problems from this injury in the PAST MONTH?**

(Interviewer: Please note that when asking this question, the information you entered previously will auto populate in the sentence above. However, depending on the information you entered, the sentence may need to be adjusted slightly to be grammatically correct.)

(Interviewer: If needed, rephrase question to account for more than one injury "Have you experienced any problems from any of these injuries in the PAST MONTH?")

(Interviewer: If respondent reports No, Don't Know, or Refused Skip to Question 6.)

T7PDPH_INJ2

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

5. What are those problem(s)?

(Interviewer: If respondent offers more than three problems, ask him/her to tell you the three greatest problems.)

(Interviewer: If respondent offers one or two problems only, be sure to inquire if there was anything else.)

Physical Condition 1

T7PDPH_INJ3

Physical Condition 2

T7PDPH_INJ4

Physical Condition 3

T7PDPH_INJ5

Time 7 (T7) Soldier Interview 10_21_2011

6. (Interviewer: If respondent DID NOT SKIP from question 3, please read the sentence in quotes first.)

"I would like to ask you some more GENERAL questions about your PHYSICAL HEALTH."

I'm now going to ask you about problems with your work or other regular daily activities as a result of your PHYSICAL HEALTH.

During the PAST MONTH, have you (insert item)?

(Interviewer: Once the respondent understands the question pertains to the PAST MONTH, shorten the stem question to "Have you...?")

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1. Cut down on the AMOUNT OF TIME you spent on work or other activities as a result of your PHYSICAL HEALTH?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ACCOMPLISHED LESS than you would like as a result of your PHYSICAL HEALTH?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Been limited in the KIND of work or other activities as a result of your PHYSICAL HEALTH?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Had DIFFICULTY performing the work or other activities (for example, it took extra effort) as a result of your PHYSICAL HEALTH?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. During the PAST MONTH, to what extent has your physical health interfered with your normal social activities with family, friends, neighbors, or groups? Would you say Not At All, Slightly, Moderately, Quite a bit, or Extremely? T7PDPH_RATE1

- Not at all 1.00
- Slightly 2.00
- Moderately 3.00
- Quite a bit 4.00
- Extremely 5.00

Time 7 (T7) Soldier Interview 10_21_2011

8. Overall, how would you rate your physical health during the PAST MONTH using the following choices? Excellent, Very Good, Good, Fair, or Poor. T7PDPH_RATE2

- A. Excellent 1.00
- B. Very Good 2.00
- C. Good 3.00
- D. Fair 4.00
- E. Poor 5.00
- F. Don't Know 6.00
- G. Refused 7.00

9. Now, using Card D3 on page 8, compared to one-year BEFORE your MOST RECENT DEPLOYMENT, how would you rate your physical health in general in the PAST MONTH?

- A. Much better now than before I deployed 1.00 T7PDPH_RATE3
- B. Somewhat better now than before I deployed 2.00
- C. About the same as before I deployed 3.00
- D. Somewhat worse now than before I deployed 4.00
- E. Much worse now than before I deployed 5.00
- F. Don't Know 6.00
- G. Refused 7.00

Time 7 (T7) Soldier Interview 10_21_2011

8. Connor Davidson Risk & Resilience Inventory (CD-RISC)

Interviewer Read: You will need Card E1 on page 9 for this next section. (pause)

1. Now I'm going to read you a series of statements. Please indicate how much you agree with them as they apply to you over the PAST MONTH.

If a particular situation has not occurred recently, answer according to how you think you would have felt.

The first statement is (insert first statement). Would you say that is (A) not true at all;(B) rarely true;(C) sometimes true; (D) often true; or (E) true nearly all of the time in the PAST MONTH?

The next item is (insert next item). How would you rate that using the response options on Card E1?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the item and allow the respondent provide the response using the choices on Card E1.)

A. not true at all .00 B. rarely true 1.00 C. sometimes true 2.00 D. often true 3.00 E. true nearly all of the time 4.00

1. I am able to adapt when changes occur. **T7RESIL1**

2. I have at least one close and secure relationship which helps me when I am stressed. **T7RESIL2**

3. When there are no clear solutions to my problems, sometimes fate or God can help. **T7RESIL3**

4. I can deal with whatever comes my way. **T7RESIL4**

5. Past successes give me confidence in dealing with new challenges and activities. **T7RESIL5**

6. I try to see the humorous side of things when I am faced with problems. **T7RESIL6**

7. Having to cope with stress can make me **T7RESIL7**

Time 7 (T7) Soldier Interview 10_21_2011

stronger.

8. I tend to bounce back
after illness, injury or other
hardships. **T7RESIL8**

2. CD-RISC Continued

A. not true at all .00 B. rarely true **1.00** C. sometimes true **2.00** D. often true **3.00** E. true nearly all of the time **4.00**

9. Good or bad, I believe
that most things happen for
a reason. **T7RESIL9**

10. I give my best effort, no
matter what the outcome
may be. **T7RESIL10**

11. I believe I can achieve
my goals, even if there are
obstacles. **T7RESIL11**

12. Even when things look
hopeless, I don't give up. **T7RESIL12**

13. During times of
stress /crisis, I know where to
turn for help. **T7RESIL13**

14. Under pressure, I stay
focused and think clearly. **T7RESIL14**

15. I prefer to take the lead
in solving problems, rather
than letting others make all
of the decisions. **T7RESIL15**

16. I am not easily
discouraged by failure. **T7RESIL16**

Time 7 (T7) Soldier Interview 10_21_2011

3. CD-RISC Continued

A. not true at all .00 B. rarely true 1.00 C. sometimes true 2.00 D. often true 3.00 E. true nearly all of the time 4.00

17. I think of myself as a strong person when dealing with life's challenges and difficulties. **T7ERSIL17**

18. I can make unpopular or difficult decisions that affect other people, if it is necessary. **T7RESIL18**

19. I am able to handle unpleasant or painful feelings like sadness, fear and anger. **T7RESIL19**

20. In dealing with life's problems, sometimes you have to act on a hunch, without knowing why. **T7RESIL20**

21. I have a strong sense of purpose in life. **T7RESIL21**

22. I feel in control of my life. **T7RESIL22**

23. I like challenges. **T7RESIL23**

24. I work to attain my goals, no matter what roadblocks I encounter along the way. **T7RESIL24**

25. I take pride in my achievements. **T7RESIL25**

Time 7 (T7) Soldier Interview 10_21_2011

9. Post-deployment Support

Interviewer Read: Please turn to page 10 in your booklet.

1. The next statements refer to your experiences in the PAST MONTH. For each statement I read, use the response options on Card F1 focusing on the PAST MONTH period.

The first statement is (read first item). Would you say you (A) strongly disagree, (B) somewhat disagree, (C) neither agree nor disagree, (D) somewhat agree, or (E) strongly agree with this statement?

The next statement is (insert next item). How would you rate this statement using the response options on Card F1?

(Interviewer: Once the respondent understands the pattern, you can just read a short stem like "What about...?" or just read the statement and allow the respondent to provide the response using the choices on Card F1. Repeat the response choices as needed.)

(Interviewer: If needed because the respondent is not working or some other reason, you may tell the respondent he/she may also say "not applicable".)

A. Strongly disagree	B. Somewhat disagree	C. Neither agree nor disagree	D. Somewhat agree	E. Strongly agree	Not applicable
1.00	2.00	3.00	4.00	5.00	.00

1. I am carefully listened to
and understood by family
members or friends. **T7PDSUPP1**

2. I have a friend or relative
who makes me feel better
when I am feeling down. **T7PDSUPP2**

3. I have problems that I
cannot discuss with family
or friends. **T7PDSUPP3**

4. I have a friend or relative
I go to when I need good
advice. **T7PDSUPP4**

5. There are people to
whom I can talk about my
deployment experiences. **T7PDSUPP5**

6. The people I work with
respect the fact that I am a
veteran. **T7PDSUPP6**

7. My supervisor
understands when I need
time off to take care of **T7PDSUPP7**

Time 7 (T7) Soldier Interview 10_21_2011

personal matters.

8. My friends or relatives would lend me money if I needed it. **T7PDSUPP8**

9. My friends or relatives would help me move my belongings if I needed to. **T7PDSUPP9**

10. When I am ill, friends or family members will help out until I am well. **T7PDSUPP10**

Time 7 (T7) Soldier Interview 10_21_2011

10. Burns Relationship Satisfaction Scale

Interviewer Read: This next section is about relationships. In a moment I will read a series of categories and ask you to rate your satisfaction with your closest relationship.

1. Before we begin, using card G1 on page 11, (Pause) please tell me your closest relationship in the PAST MONTH. T7RELA1

(Interviewer: Respondent does not have choice L-N in the show card booklet. If the respondent reports no closest relationship, doesn't know, or refuses, skip to next module.)

(Interviewer: If respondent reports more than one closest relationship, encourage the respondent to select the one that is the closest.)

- A. Spouse 1.00
- B. Partner /Significant other 2.00
- C. Fiance/fiancee 3.00
- D. Girlfriend/Boyfriend 4.00
- E. Mother 5.00
- F. Father 6.00
- G. Sibling 7.00
- H. Grandparent 8.00
- I. Child 9.00
- J. Friend 10.00
- K. Other (Please specify below) 11.00
- L. No closest relationship (Skip to next module) 12.00
- M. Don't know (Skip to next module) 13.00
- N. Refused (Skip to next module) 14.00

Other (DO NOT RECORD NAMES - RECORD RELATIONSHIP CATEGORY)

T7RELA_OT1

Time 7 (T7) Soldier Interview 10_21_2011

2. Please turn to Card G2 on the next page. Now, I'm going to read a series of categories. For each category, please select the amount of SATISFACTION you feel in your CLOSEST RELATIONSHIP with regard to the PAST MONTH.

The first category is (insert first item). Using the 8 options on Card G2, how do you rate your SATISFACTION in this category?

The next category is (insert next item). How do you rate your satisfaction for this?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the category and allow the respondent to provide the response using Card G2.)

	.00 A. Very Dissatisfied	1.00 B. Moderately Dissatisfied	2.00 C. Slightly Dissatisfied	3.00 D. Neutral	4.00 E. Slightly Satisfied	5.00 F. Moderately Satisfied	6.00 G. Very Satisfied	 N/A
1. Communication and openness T7RELScale1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2. Resolving conflicts and arguments T7RELScale2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. Degree of affection and caring T7RELScale3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4. Intimacy and closeness T7RELScale4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5. Satisfaction with your role in the relationship T7RELScale5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6. Satisfaction with the other person's role T7RELScale6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7. Overall satisfaction with your relationship T7RELScale7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Time 7 (T7) Soldier Interview 10_21_2011

3. Please turn to Card G3 on the next page. Now, for these next few questions, I would like you to again keep this CLOSEST RELATIONSHIP in mind for the PAST MONTH.

Using the response options on Card G3, tell me how often you argue? [T7RELA_DIFF1](#)

- A. All the time **1.00**
- B. Most of the time **2.00**
- C. More often than not **3.00**
- D. Occasionally **4.00**
- E. Rarely **5.00**
- F. Never **6.00**
- G. Not applicable **7.00**
- H. Don't Know **8.00**
- I. Refused **9.00**

4. How often do you get on each other's nerves? [T7RELA_DIFF2](#)

- A. All the time **1.00**
- B. Most of the time **2.00**
- C. More often than not **3.00**
- D. Occasionally **4.00**
- E. Rarely **5.00**
- F. Never **6.00**
- G. Not applicable **7.00**
- H. Don't Know **8.00**
- I. Refused **9.00**

Time 7 (T7) Soldier Interview 10_21_2011

5. How often do you argue about parenting? T7RELA_DIFF3

- A. All the time 1.00
- B. Most of the time 2.00
- C. More often than not 3.00
- D. Occasionally 4.00
- E. Rarely 5.00
- F. Never 6.00
- G. Not applicable 7.00
- H. Don't Know 8.00
- I. Refused 9.00

Time 7 (T7) Soldier Interview 10_21_2011

11. Post-deployment Psychological Health

These next questions will focus on common PSYCHOLOGICAL PROBLEMS and other concerns that you may have had in the PAST MONTH.

1. In the PAST MONTH, did you experience repeated disturbing memories or thoughts of a traumatic experience? T7PDPSYH1

- No (Skip to Question 3) 1.00
- Yes 2.00
- Don't Know (Skip to Question 3) 3.00
- Refused (Skip to Question 3) 4.00

2. Did that last two weeks or longer? T&PDPSYH_D1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

3. In the PAST MONTH, did you experience feeling down, depressed, or hopeless?

- No (Skip to Question 5) 1.00 T7PDPSYH2
- Yes 2.00
- Don't Know (Skip to Question 5) 3.00
- Refused (Skip to Question 5) 4.00

4. Did that last two weeks or longer? T7PDPSYH_D2

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

5. In the PAST MONTH, did you experience excessive anxiety or worry? T7PDPSYH3

- No (Skip to Question 7) 1.00
- Yes 2.00
- Don't Know (Skip to Question 7) 3.00
- Refused (Skip to Question 7) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

6. Did that last two weeks or longer?

T7PDPSYH_D3

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

7. In the PAST MONTH, did you experience problems with anger management?

T7PDPSYH4

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

8. Did that last two weeks or longer? T7PDPSYH_D4

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

9. In the PAST MONTH, did you experience an alcohol use problem? T7PDPSYH5

- No (Skip to Question 11) 1.00
- Yes 2.00
- Don't Know (Skip to Question 11) 3.00
- Refused (Skip to Question 11) 4.00

10. Did that last two weeks or longer?

T7PDPSYH_D5

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 7 (T7) Soldier Interview 10_21_2011

11. In the PAST MONTH, did you smoke cigarettes or use other tobacco? T7PDPSYH6

- No (Skip to Question 13) 1.00
- Yes 2.00
- Don't Know (Skip to Question 13) 3.00
- Refused (Skip to Question 13) 4.00

12. Did you use it two weeks or longer? T7PDPSYH_D6

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

13. In the PAST MONTH, did you have another substance use problem (other than alcohol or tobacco)? T7PDPSYH7

- No (Skip to Question 15) 1.00
- Yes 2.00
- Don't Know (Skip to Question 15) 3.00
- Refused (Skip to Question 15) 4.00

14. Did that last two weeks or longer? T7PDPSYH_D7

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

15. In the PAST MONTH, did you have any other psychological problem or other concern?

- No (Skip to Question 18) 1.00 T7PDPSYH8
- Yes 2.00
- Don't Know (Skip to Question 18) 3.00
- Refused (Skip to Question 18) 4.00

16. What was the other psychological problem or other concern? T7PDPSYH_PR8

Problem or Concern

Time 7 (T7) Soldier Interview 10_21_2011

17. Did that last two weeks or longer? T7PDPSYH_D8

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

18. I'm now going to ask you about problems with work or other regular daily activities as a result of any PSYCHOLOGICAL PROBLEMS.

During the PAST MONTH, (insert item)

(Interviewer: Once the respondent understands the question pertains to the PAST MONTH, just read the item.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1. Have you cut down on the AMOUNT OF TIME you spent on work or other activities as a result of PSYCHOLOGICAL PROBLEMS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you ACCOMPLISHED LESS than you would like as a result of PSYCHOLOGICAL PROBLEMS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Did you do work or other activities LESS CAREFULLY THAN USUAL as a result of PSYCHOLOGICAL PROBLEMS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. During the PAST MONTH, to what extent have psychological problems interfered with your normal social activities with family, friends, neighbors, or groups? Would you say Not At All, Slightly, Moderately, Quite a bit, or Extremely? T7PDPSYH_RATE1

- Not at all 1.00
- Slightly 2.00
- Moderately 3.00
- Quite a bit 4.00
- Extremely 5.00

Time 7 (T7) Soldier Interview 10_21_2011

20. Overall, how would you rate your psychological health during the PAST MONTH using the following choices? Excellent, Very Good, Good, Fair, or Poor? T7PDPSYH_RATE2

- A. Excellent 1.00
- B. Very Good 2.00
- C. Good 3.00
- D. Fair 4.00
- E. Poor 5.00
- F. Don't Know 6.00
- G. Refused 7.00

21. I will now read you a series of stressful experiences and problems that may have occurred during the PAST MONTH. As I read each item, please tell me Yes or No if you experienced the stressor during the PAST MONTH.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. A family member with a physical illness T7PDPSYH_STREXP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. A family member with a psychological problem T7PDPSYH_STREXP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Employment related problem T7PDPSYH_STREXP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Financial problem T7PDPSYH_STREXP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Legal problem T7PDPSYH_STREXP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Interpersonal problem with a family member T7PDPSYH_STREXP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Parent child conflict T7PDPSYH_STREXP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Death of a family member or close friend T7PDPSYH_STREXP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Soldier Interview 10_21_2011

12. AUDIT

Interviewer Read: Now I am going to ask some questions about your use of alcoholic beverages in the PAST MONTH. By alcoholic beverages, I mean beer, wine, wine coolers; or hard liquor like vodka, gin, or whiskey. When I use the term "drink", I mean a glass of wine, a can or bottle of beer, or a shot of hard liquor alone or in a mixed drink.

1. Please refer to Card H1 on page 14 for the response choices for this next question.

(Pause) How often did you have a drink containing alcohol in the PAST MONTH?

(Interviewer: If respondent indicates NEVER use your discretion to probe further as needed. For example "So, not even a glass of wine at a party in the past month?" OR "So nothing to drink AT ALL?" Then, if still NEVER skip to questions 9 and 10. Also, skip to questions 9 and 10 if respondent reports B.)

T7ALC1

- A. Never 1.00
- B. At least 1 time since returning from deployment, but not in the past month. 2.00
- C. 1 time in the past month 3.00
- D. 2 to 4 times a month in the past month 4.00
- E. 2 to 3 times a week in the past month 5.00
- F. 4 or more times a week in the past month 6.00
- G. Don't know 7.00
- H. Refused 8.00

2. In the PAST MONTH, how many drinks containing alcohol did you have on a typical day when you were drinking?

T7ALC2

(Interviewer: As needed explain that this question does not have a show card.)

- A. 1 or 2 *** 1.00
- B. 3 or 4 2.00
- C. 5 or 6 3.00
- D. 7, 8, or 9 4.00
- E. 10 or more 5.00
- F. Don't know 6.00
- G. Refused 7.00

Time 7 (T7) Soldier Interview 10_21_2011

3. Using card H2 on the next page, tell me how often did you have six or more drinks on one occasion in the PAST MONTH. T7ALC3

- A. Never *** 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

4. (Interviewer: * If respondent reported A for question 2 - AND - A for question 3, skip to question 9. Do not ask next question.)**

Interviewer Read: You will again use Card H2 for this next series of questions.

How often during the PAST MONTH have you found that you were not able to stop drinking once you had started? T7ALC4

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

5. How often during the PAST MONTH have you failed to do what was normally expected from you because of drinking? T7ALC5

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

Time 7 (T7) Soldier Interview 10_21_2011

6. How often during the PAST MONTH have you needed a first drink in the morning to get yourself going after a heavy drinking session? T7ALC6

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

7. How often during the PAST MONTH have you had a feeling of guilt or remorse after drinking? T7ALC7

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

8. How often during the PAST MONTH have you been unable to remember what happened the night before because you had been drinking? T7ALC8

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

9. Have you or someone else ever been injured as a result of your drinking? T7ALC9

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 7 (T7) Soldier Interview 10_21_2011

10. Has a relative or friend or a doctor or another health worker ever been concerned about your drinking or suggested you cut down? T7ALC10

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 7 (T7) Soldier Interview 10_21_2011

13. PCL - Military Version

Interviewer Read: For this next series of questions we will be using Card I1 on page 16. (Pause)

1. I'm going to read a list of problems and complaints that veterans sometimes have in response to stressful military experiences. As I read each item, please focus on whether you have been bothered by that problem in the PAST MONTH.

The first item is (insert first item). How much would you say you have been bothered by this in the PAST MONTH? Would you say (A) Not at all; (B) A little bit; (C) Moderately; (D) Quite a bit; or (E)Extremely?

The next item is (insert next item). Using Card I1, how much you have been bothered by this experience in the PAST MONTH?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the item and allow the respondent to provide the response using the choices on Card I1.)

A. Not at all **1.00** B. A little bit **2.00** C. Moderately **3.00** D. Quite a bit **4.00** E. Extremely **5.00**

1. Repeated, disturbing memories, thoughts, or images of a stressful military experience

T7PTSD1

2. Repeated, disturbing dreams of a stressful military experience

T7PTSD2

3. Suddenly acting or feeling as if a stressful military experience were happening again (as if you were reliving it)

T7PTSD3

4. Feeling very upset when something reminded you of a stressful military experience

T7PTSD4

5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful military experience

T7PTSD5

6. Avoiding thinking about or talking about a stressful military experience or

T7PTSD6

Time 7 (T7) Soldier Interview 10_21_2011

avoiding having feelings
related to it

2. (PCL Continued)

	A. Not at all	B. A little bit	C. Moderately	D. Quite a bit	E. Extremely
7. Avoiding activities or situations because they reminded you of a stressful military experience T7PTSD7	<input type="radio"/>				
8. Trouble remembering important parts of a stressful military experience T7PTSD8	<input type="radio"/>				
9. Loss of interest in activities that you used to enjoy T7PTSD9	<input type="radio"/>				
10. Feeling distant or cut off from other people T7PTSD10	<input type="radio"/>				
11. Feeling emotionally numb or being unable to have loving feelings for those close to you T7PTSD11	<input type="radio"/>				
12. Feeling as if your future will somehow be cut short? T7PTSD12	<input type="radio"/>				
13. Trouble falling or staying asleep T7PTSD13	<input type="radio"/>				
14. Feeling irritable or having angry outbursts T7PTSD14	<input type="radio"/>				
15. Having difficulty concentrating T7PTSD15	<input type="radio"/>				
16. Being "super-alert" or watchful or on guard T7PTSD16	<input type="radio"/>				
17. Feeling jumpy or easily startled T7PTSD17	<input type="radio"/>				

Time 7 (T7) Soldier Interview 10_21_2011

14. Patient Health Questionnaire (PHQ-9)

Interviewer Read: For the next few questions we will need Card J1 on page 17.

1. I am going to ask you about some psychological problems you may have experienced in the PAST MONTH. Some of these may sound similar to previous questions, so please bear with me.

The first item is (insert first item). How often would you say you experienced that in the PAST MONTH? Would you say (A) Not at all, (B) Several days, (C) More than half the days, or (D) Nearly every day.

The next item is (insert next item). Using card J1, how often would you say you experienced this in the PAST MONTH?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the item and allow the respondent to provide the response using the choices on card J1.)

	A. Not at all .00	B. Several days 1.00	C. More than half the days 2.00	D. Nearly every day 3.00
1. Little interest or pleasure in doing things. T7DEP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless. T7DEP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much. T7DEP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy. T7DEP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating. T7DEP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down. T7DEP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television. T7DEP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot T7DEP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Soldier Interview 10_21_2011

more than usual.

9. Thoughts that you would
be better off dead, or of
hurting yourself in some
way.

T7DEP9

2. (Interviewer: If respondent checked off any problems 1-9 above as several days or longer (B-D), ask next question, otherwise skip to Question 3 to ask about suicide.)

Interviewer Read: You indicated that you had the following problems in the PAST MONTH (Interviewer read first 3 respondent endorsed B or longer). How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Not difficult at all; somewhat difficult; very difficult; or extremely difficult.

T7DEP_DIFF1

- Not difficult at all 1.00
- Somewhat difficult 2.00
- Very difficult 3.00
- Extremely difficult 4.00

Time 7 (T7) Soldier Interview 10_21_2011

**3. Please go ahead and turn the page of your show card booklet to Card J2 on page 18.
(Pause) I would like to ask you about thoughts of suicide. Looking at the response options
on Card J2, tell me how you would rate yourself.**

T7DEP_SUI1

Interviewer Instructions:

**If respondent reports thoughts of suicide level C OR D, STOP INTERVIEW IMMEDIATELY
and contact clinical supervisor on call. (See Script below)**

If respondent reports level A or B, continue on to next module.

**If respondent reports B, E, or F inform clinical supervisor on call after the interview is
complete.**

- A. I don't have any thoughts of killing myself. **1.00**
- B. I have thoughts of killing myself, but I would not carry them out. **2.00**
- C. I would like to kill myself. **3.00**
- D. I would kill myself if I had the chance **4.00**
- E. Don't Know **5.00**
- F. Refused **6.00**

(Interviewer: This is the script if respondent reports level C or D suicide thoughts. You may also use your own sincere words to express the equivalent.)

I'm concerned about your thoughts of suicide. For safety reasons, I need to check with my supervisor. I will call you back in a few minutes. If you don't hear from me in a few minutes, please call 1-800-863-7414.

15. Post-Deployment Psychological Service Use

We have just a few remaining questions focusing on PSYCHOLOGICAL PROBLEMS. For these remaining questions, we will focus on the period of time SINCE you RETURNED from YOUR MOST RECENT DEPLOYMENT.

1. Since you RETURNED from YOUR MOST RECENT DEPLOYMENT in [Q7], have you taken any medication prescribed to you for a psychological problem? T7PDPSU_MED1

- No (Skip to Question 3) 1.00
- Yes 2.00
- Don't know (Skip to Question 3) 3.00
- Refused (Skip to Question 3) 4.00

2. What prescribed medication(s) did you take?

(Interviewer: If respondent offers more than three medicines, it is okay to fill in multiple medicines in the same field.)

(Interviewer: If respondent offers one or two medicines only, be sure to inquire if there was anything else.)

Medication 1

T7PDPSU_MED2

Medication 2

T7PDPSU_MED3

Medication 3

T7PDPSU_MED4

3. Since you RETURNED from your MOST RECENT DEPLOYMENT, did you see a professional for any psychological problem? T7PDPSU_PROF1

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

4. Using Card K1 on page 19 (pause), please tell me where you saw someone for your psychological problems. Please tell me all that apply.

(Interviewer: Please probe further until respondent has mentioned all that apply.)

Anything else?

- A. Military hospital overseas T7PDPSU_TYPE1
- B. Military hospital stateside T7PDPSU_TYPE2
- C. Civilian hospital T7PDPSU_TYPE3
- D. Military based outpatient facility overseas T7PDPSU_TYPE4
- E. Military based outpatient facility stateside T7PDPSU_TYPE5
- F. Combat Stress Control Unit T7PDPSU_TYPE6
- G. Military Chaplain Services T7PDPSU_TYPE7
- H. Military One Source T7PDPSU_TYPE8
- I. Military Family Life Consultant Program T7PDPSU_TYPE9
- J. Vet Center (VA Readjustment Counseling Services) T7PDPSU_TYPE10
- K. VA Medical Center (VAMC) T7PDPSU_TYPE11
- L. VA Outpatient Clinic (VA OPC) T7PDPSU_TYPE12
- M. VA Community Based Outpatient Clinic (CBOC) T7PDPSU_TYPE13
- N. Primary care doctor in the community through insurance or out of pocket T7PDPSU_TYPE14
- O. Any Psychological Health Professional in the community through insurance or out of pocket T7PDPSU_TYPE15
- P. Community mental health organization T7PDPSU_TYPE16
- Q. Missouri Access Crisis Intervention Hotlines T7PDPSU_TYPE17
- R. Mandatory screening T7PDPSU_TYPE18
- S. Other T7PDPSU_TYPE19

Other (please specify)

T7PDPSU_TYPE_OT19

5. Did the professional you saw tell you a diagnosis for the psychological problem(s)?

- No (Skip to Question 7) 1.00 T7PDPSU_DX1
- Yes 2.00
- Don't know (Skip to Question 7) 3.00
- Refused (Skip to Question 7) 4.00

Time 7 (T7) Soldier Interview 10_21_2011

6. Please tell me what diagnosis you were told.

Anything else?

(Interviewer: If respondent offers more than three diagnoses, ask him/her to tell you the three greatest concerns.)

(Interviewer: If respondent offers one or two diagnoses only, be sure to inquire if there was anything else.)

(Interviewer: Complete this question and then skip to next module.)

MH Dx 1

T7PDPSU_DX2

MH Dx 2

T7PDPSU_DX3

MH Dx 3

T7PDPSU_DX4

7. (Interviewer: This question is asked only if the psychological health professional did NOT tell the respondent a diagnosis - Question 6 above NOT asked.)

What did you think you had?

T7PDPSU_DX5

16. Spiritual Systems Assessment

1. For this next section we will again be focusing on the period of time SINCE you RETURNED from YOUR MOST RECENT DEPLOYMENT in [Q7]. You will need card L1 on page 20. (Pause) I will read a series of statements and ask you to rate your agreement with the statement.

Since deployment, (insert first statement). Would you (A)Strongly disagree, (B) Somewhat disagree, (C) neither agree nor disagree, (D) Somewhat agree, or (E) Strongly agree with this statement.

Since deployment, (insert next item). How would you rate this statement using the choices on Card L1?

Since deployment...

	1.00 A. Strongly disagree	2.00 B. Somewhat disagree	3.00 C. Neither agree nor disagree	4.00 D. Somewhat agree	5.00 E. Strongly agree
1. ...I think more positively about life and war. T7SPIRI1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...My emotions are more consistently under control and appropriate. T7SPIRI2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...My verbal communications with myself (self talk) and others have improved. T7SPIRI3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...My physical ailments have decreased. T7SPIRI4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...I interact with others more positively. T7SPIRI5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...I believe that life has more meaning and purpose. T7SPIRI6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...I believe that my life has more value or worth. T7SPIRI7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...I have more goals in life. T7SPIRI8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...I am more motivated. T7SPIRI9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...I believe that my needs are met more consistently. T7SPIRI10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Soldier Interview 10_21_2011

17. Open ended questions

We have just a few more questions before we are finished. In this last section, we would like to record your thoughts in your own words. Please take your time as you answer each of these questions.

(Interviewer: DO NOT record any identifiable information - e.g. names, etc.)

(Interviewer: As needed say "Tell me a little more about that" or "Can you say a little more?")

1. What things have helped you the most with the reintegration process since you returned home? T7OPENDQ1

2. What things have hindered you the most with the reintegration process since you returned home? T7OPENDQ2

3. What do you consider the most meaningful part of YOUR MOST RECENT DEPLOYMENT and Why? T7OPENDQ3

4. What do you consider the most meaningful part of your life since you returned from your MOST RECENT DEPLOYMENT and Why?

T7OPENDQ4

Time 7 (T7) Soldier Interview 10_21_2011

18. Final Wrap Up

We are at the end of the telephone interview portion of the study.

We also mailed you a survey that we need you to fill out and mail back. This survey that you complete on your own and mail back is additional important information that we did not inquire about during this interview. The survey should be mailed back in the BLUE envelope we enclosed with your packet.

In addition, in the package we mailed to you, there were two payment forms. Please sign and complete both payment forms and return them in the white envelope we enclosed with your packet. One payment form is for \$50 for completing the telephone interview and the second payment form is for \$20 for completing the survey you mail back.

The information from the interview we just completed and the survey you need to mail back will help us learn more about the reintegration needs of service members and families which will, in turn, help current and future veterans like yourself. Thank you so much for taking the time to participate.

Lastly, I would like to say that if you found this interview emotionally upsetting, I can have someone call you back to talk with you. Also, if you have questions or need to talk later, please don't hesitate to give us a call at our 1-800 number listed on the materials you received.

(Interviewer: If the respondent is having emotional difficulty after the interview, contact the clinical supervisor on call.)

(Interviewer: Implement the suicide protocol and / or domestic violence protocol at the end of the interview as appropriate.)

1. Date and Time Interview Completed

	MM	DD	YYYY	HH	MM	AM/PM	
Date and Time Interview Completed	<input type="text"/>	T7COMPLETE1					

Time 7 (T7) Supporter Interview 10_21_2011

All numerical sub-variables end with .00, which is not always specified due to space restrictions.

1. Interviewer Preliminary Items

(Interviewer: Before beginning the interview, please complete the items on this page.)

1. Subject Number

T7IPI1

2. What is the date and time this interview began?

T7IPI2

MM DD YYYY HH MM AM/PM
Date & Time / / :

3. Interviewer ID

T7IPI3

4. Confirm T4 or T7 Interview

T7IPI4

- T4 1.00
- T7 ** 2.00

5. Confirm Sample

T7IPI5

- Service member experimental group 1.00
- Service member control 2.00
- Supporter ** 3.00

6. (Interviewer: Enter full date of last interview in format with month day and year.)

T7IPI6

(Example: January 1, 2010)

7. (Interviewer: Insert the month and year the service member returned from MOST RECENT DEPLOYMENT in the box below. This will allow the information to auto populate for future questions.)

T7IPI7

** Month and Year respondent's service member returned from MOST RECENT DEPLOYMENT (Month / Year)

(Example format: April 2002)

Time 7 (T7) Supporter Interview 10_21_2011

8. (Interviewer: If the respondent reported a previous military deployment overseas check YES below. This information is pulled from the T4 interview responses. - Received hazardous duty pay as a member of active duty or reserves or previous NG deployment. Otherwise check NO) T7IPI8

- No 1.00
- Yes 2.00

9. (Interviewer: Question intentionally left blank. Leave blank and go to next question.)

T7IPI9

10. (Interviewer: Question intentionally left blank. Leave blank and go to next question.)

- No 1.00 T7IPI10
- Yes 2.00

11. (Interviewer: Question intentionally left blank. Leave blank and go to next question.)

T7IPI11

** CHECK IN: This interview is used for supporters at T7.

(Interviewer: Before beginning the interview, make sure the respondent has the packet of materials for participating in the interview. And explain that the packet contains a show card booklet which provides the response options for some questions.)

Time 7 (T7) Supporter Interview 10_21_2011

2. Introductory Script

Interviewer Read:

This interview is a follow up to the one completed a few months ago. This interview seeks to better understand how service members and families are doing around 6 months after the service member's deployment. I want to convey my sincere thanks to you for taking time to continue to participate in this study. All of the questions asked in this interview are important and will contribute to the knowledge that will help current and future veterans and their families with reintegration after deployment.

Time 7 (T7) Supporter Interview 10_21_2011

3. Demographics

Interviewer Read: Many of the questions in this interview will be similar to the ones you answered in your previous interview. In general, for this interview, we are interested in how you have been doing since the last time you were interviewed.

I would like to begin by asking you a few preliminary questions related to changes in your life SINCE YOUR LAST INTERVIEW.

1. Before we begin this first module, I want to make sure we establish the date of your last interview. My records show that you completed your last interview with us on [Q6].

T7DEMO_MARR1

Has there been a change in your marital status since your last interview?

(Interviewer: If respondent reports no, don't know, or refused skip to question 6.)

- No (Skip to question 6) **1.00**
- Yes **2.00**
- Don't Know (Skip to question 6) **3.00**
- Refused (Skip to question 6) **4.00**

2. What is your current marital status?

(Interviewer: If respondent reports Don't Know or Refused skip to Question 6).

- Married **1.00** T7DEMO_MARR2
- Divorced or Separated **2.00**
- Widowed **3.00**
- Don't Know (Skip to Question 6) **4.00**
- Refused (Skip to Question 6) **5.00**

Time 7 (T7) Supporter Interview 10_21_2011

3. How many months have you been_____? (Interviewer Insert: Married, Divorced, Separated, or Widowed based on previous response.)

(Interviewer: Record number of months respondent has been Married, Divorced or Separated, or Widowed) using the drop down menu in the corresponding row below.)

(Interviewer: Once you record the number of months married, ask Question 4. Once you record the number of months divorced, separated, or widowed, skip to Question 5.)

	Number of Months	
Married (Go Q4)	1(0) - 51(50)	<input type="button" value="▼"/> T7DEMOMARR3
Divorced or Separated (Go Q5)	1(0) - 51(50)	<input type="button" value="▼"/> T7DEMO_MARR4
Widowed (Go Q5)	1(0) - 51(50)	<input type="button" value="▼"/> T7DEMO_MARR5

4. Are you currently living with your spouse?

T7DEMO_MARR6

(Interviewer: This version of the question is asked ONLY IF respondent reported being married since last interview. After asking this question, skip to question 6.)

- No (Skip to Question 6) **1.00**
- Yes (Skip to Question 6) **2.00**
- Don't know (Skip to Question 6) **3.00**
- Refused (Skip to Question 6) **4.00**

5. Are you currently living with a significant other or partner?

T7DEMO_MARR7

(Interviewer: This question is just for those that reported divorced, separated, or widowed above.)

- No **1.00**
- Yes **2.00**
- Don't know **3.00**
- Refused **4.00**

Time 7 (T7) Supporter Interview 10_21_2011

6. SINCE YOUR LAST INTERVIEW have you added any new children to your care?

T7DEMO_CHI1

(Interviewer: If no, don't know or refused, skip to question 9.)

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

7. How many children have you added?

T7DEMO_CHI2

(Interviewer: Select the number of children. If more than 12, select 13. If respondent doesn't know, select 98. If respondent refuses, select 99. Include step children if respondent considers them his/her children.)

Number of Children

Select	1(0) - 14(13), 15 is 98, 16 is 99	<input type="text"/>
--------	-----------------------------------	----------------------

8. Starting with the youngest ADDITIONAL child SINCE YOUR LAST INTERVIEW, how old is each?

(Interviewer: Paraphrase the question if respondent only reported one child.)

(Interviewer: If needed to keep track, write the first name and age on a piece of paper. Record the age for each child below. If respondent does not know, select 98. If respondent refuses, select 99. If less than 1 year old, select 0.)



Child 1	Child 2	Child 3	
Select T7DEMO_CHI3	<input type="text"/>	T7DEMO_CHI4 <input type="text"/>	T7DEMO_CHI5 <input type="text"/>

9. Are you currently enrolled or registered to attend a higher educational program through a university, college, or trade or technical school?

T7DEMO_ED1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 7 (T7) Supporter Interview 10_21_2011

10. Using card A1 on page 2 of your booklet (pause), please tell me the current approximate income level for yourself. You can just tell me the letter.

(Interviewer: We are looking for approximate yearly income. Also, note that respondent does not have options "L. Don't Know or "M. Refused." as choices in booklet.)

- A. \$0 – \$9,999 **1.00** T7DEMO_INC1
- B. \$10,000 – \$19,999 **2.00**
- C. \$20,000 – \$29,999 **3.00**
- D. \$30,000 - \$39,999 **4.00**
- E. \$40,000 - \$49,999 **5.00**
- F. \$50,000 - \$59,999 **6.00**
- G. \$60,000 - \$69,999 **7.00**
- H. \$70,000 - \$79,999 **8.00**
- I. \$80,000 - \$89,999 **9.00**
- J. \$90,000 - \$99,999 **10.00**
- K. \$100,000 or more **11.00**
- L. Don't know **12.00**
- M. Refused **13.00**

**11. For this next question, please use the choices on Card A2 on page 3. (Pause)
Compared to BEFORE your service member's MOST RECENT DEPLOYMENT, how would you rate your current income?**

(Interviewer: Respondent does not have options G and H in the show card booklet.)

T7DEMO_INC2

- A. No income / not working (Skip to next module) **1.00**
- B. A lot less **2.00**
- C. A little less **3.00**
- D. About the same **4.00**
- E. A little more **5.00**
- F. A lot more **6.00**
- G. Don't know **7.00**
- H. Refused **8.00**

Time 7 (T7) Supporter Interview 10_21_2011

12. Are you currently employed?

T7DEMO_EMP1

(Interviewer: If respondent is self-employed, select Yes. If no, don't know or refused skip to next module.)

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

13. How many hours per week do you work?

total hours

T7DEMO_EMP2

14. What type of job do you currently have?

T7DEMO_EMP3

Time 7 (T7) Supporter Interview 10_21_2011

4. Previous TBI and Combat Experiences

Before we ask you more about how you are doing now, I would first like to ask you a few questions related to possible prior experiences.

1. For this section, we will need Card B1 on Page 4. (Pause) As I read the items on Card B1, I would like you to tell me either Yes or No if you EVER experienced the event.

The first experience is (pause and insert first item).

What year(s) did that occur?

(Interviewer: After the first item just read each experience with appropriate pause.)

(Interviewer: If the respondent reports YES, query the Year or Years the TBI exposure occurred. As needed, say "Any other years?" If respondent does not know the year, select 9998. If the respondent refused the year, select 9999.)

(Interviewer: If more than three occurrences in separate years, select the three most recent occurrences.)

(Interviewer: As needed, clarify that the event DOES NOT need to be deployment / military related.)

(Interviewer: If the respondent answers no, don't know, or refused to all the items below skip to question 4 - CHECK POINT.)

	Occured	Year (if only 1 time)	Year 2nd occurence	Year 3rd occurence
A. Explosion or blast - military or non military related	T7TBI_OCC1	T7PTBI_YFO1	T7PTBI_YSO1	T7PTBI_YTO1
B. Vehicular accident / crash (any vehicle including aircraft)	T7TBI_OCC2 T7TBI_OCC3	T7PTBI_YFO2 T7PTBI_YFO3	T7PTBI_YSO2 T7PTBI_YSO3	T7PTBI_YTO2 T7PTBI_YTO3
C. Fall and hit your head				
D. Sports, recreation, or work injury to your head	T7TBI_OCC4	T7PTBI_YFO4	T7PTBI_YSO4	T7PTBI_YTO4
E. Other incident where your head was injured	T7TBI_OCC5	T7PTBI_YFO5	T7PTBI_YSO5	T7PTBI_YTO5
Other (please specify)				

Time 7 (T7) Supporter Interview 10_21_2011

2. Did any of the following happen to you, or were you told happened to you, IMMEDIATELY after any of the event(s) you just noted on Card B1? (Interviewer: Pause before reading first item.)

(Interviewer: If needed, clarify these next items refer to any of the 5 experiences above.)

(Interviewer: Just read each item, pausing as needed.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
Lost consciousness or got "knocked out" T7PTBI1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt dazed, confused, or "saw stars" T7PTBI2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have symptom of Didn't remember the event T7PTBI3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a concussion T7PTBI4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a head injury T7PTBI5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Did any of the following problems begin or get worse AFTER the event(s) you noted on Card B1? (Pause before reading first item)

(Interviewer: Just read the item. However, if needed, you may read the short stem question "Have you had...?" before reading each item.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Memory problems or lapses T7PTBI6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Balance problems or dizziness T7PTBI7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Ringing in the ears T7PTBI8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sensitivity to bright light T7PTBI9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Irritability T7PTBI10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Headaches T7PTBI11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Sleep problems T7PTBI12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Supporter Interview 10_21_2011

4. (Interviewer Checkpoint: If respondent reported in the T4 interview that he/she was in the military and had a prior deployment where he/she received hazardous duty pay - either Active Duty, Reserves, or prior National Guard deployment - check YES below and proceed to question 5. If respondent DID NOT report prior military service and deployment where received hazardous duty pay, check NO and proceed to next module.)

(Prior Deployment from T4 Yes / No Auto Populate: [Q8])

T7PREVDEPL1

- No (SKIP to NEXT MODULE) 1.00
- Yes 2.00

5. In your previous interview several months ago, you mentioned that you had been in the military and had a deployment overseas for which you received hazardous duty pay.

How many times total have you been deployed overseas for which you received hazardous duty pay? T7PREVDEPL2

- 1 deployment 1.00
- 2 deployments 2.00
- 3 deployments 3.00
- 4 deployments 4.00
- 5 or more deployments 5.00

6. Starting with the most recent deployment for which you received hazardous duty pay, please tell me the deployment dates and country you deployed to.

(Interviewer: Record the deployment dates and country below in reverse chronological order. Select 9998 for Didn't Know and 9999 for Refused.)

	Month Deploy	Year Deploy	Month Return	Year Return	Country
Deployment A	YOD3	MOR3	YOR3	COD3	
Deployment B	MOD4	YOD4	MOR4	YOR4	COD4
Deployment C	MOD5	YOD5	MOR5	YOR5	COD5
Deployment D	MOD6	YOD6	MOR6	YOR6	COD6
Other (please specify)					

T7PREVDEPL_MOD3

T7PREVDEPL_CODOT

Time 7 (T7) Supporter Interview 10_21_2011

7. (Interviewer: IF only ONE PRIOR deployment, fill in the below field with the country and deployment dates of the previous deployment (i.e. Deployment A above is only filled in)).

T7PREVDEPL_MOSTCOM7

(Interviewer: IF MORE than one PRIOR deployment, ask the following "ON WHICH DEPLOYMENT WOULD YOU SAY YOU EXPERIENCED THE MOST COMBAT?" and then enter country and deployment dates.)

(Example data entry: VIETNAM FROM 1968 TO 1969)

Time 7 (T7) Supporter Interview 10_21_2011

8. For the next section we will use Card C1 on page 5. Please turn to this page now. You mentioned that you had been previously deployed to [insert phrase from question 7 above]. You will see a list of possible combat and other experiences you may have had during that deployment.

As we go through this list, I would like you to tell me Yes or No whether you experienced this during that deployment.

Did you experience item A "clearing and searching homes or buildings" during your deployment to [insert phrase from question 7 above]?

Did you experience (insert letter of item AND read experiences for B and C on the list)?

(Interviewer: After inquiring about items A-C on the list, just say the letter of the item for those in brackets [] (DO NOT READ THE EXPERIENCE ALOUD). However, full items F, M and P should be read. Further, as needed, use a variety of shorter stem questions such as "What about experience (insert letter)?", "Experience (insert letter)?", "What about (insert letter)?")

(Interviewer: Be sure to only record experiences for the respondent's deployment in question. Confirm this as needed.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Clearing or searching homes or buildings T7PCOMEXP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Saved the life of a soldier or civilian T7PCOMEXP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Being attacked or ambushed T7PCOMEXP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. [Receiving incoming artillery, rocket, or mortar fire] T7PCOMEXP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. [Being shot at or receiving small-arms fire] T7PCOMEXP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Shooting or directing fire at the enemy T7PCOMEXP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. [Being responsible for the death of an enemy combatant] T7PCOMEXP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. [Being responsible for the death of a noncombatant] T7PCOMEXP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. [Seeing dead bodies or T7PCOMEXP9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Supporter Interview 10_21_2011

human remains]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. [Handling or uncovering human remains] T7PCOMEXP10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. [Seeing dead or seriously injured Americans] T7PCOMEXP11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. [Knowing someone seriously injured or killed] T7PCOMEXP12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Participating in demining operations T7PCOMEXP13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. [Seeing ill or injured women or children whom you were unable to help] T7PCOMEXP14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. [Being wounded or injured] T7PCOMEXP15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Had a close call, was shot or hit, but protective gear saved you T7PCOMEXP16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. [Had a buddy shot or hit who was near you] T7PCOMEXP17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. [Engaging in hand-to-hand combat] T7PCOMEXP18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. [Sexual harrassment] T7PSEXUH1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. [Sexual assualt] T7PSEXUA1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interviewer Read: Please turn to the next page in your show card booklet.

Time 7 (T7) Supporter Interview 10_21_2011

5. Yellow Ribbon Attendance

Interviewer Read: In the next couple of sections, we will be focusing primarily on the period of time SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT. (Pause)

A few months ago you may have attended one or more National Guard Yellow Ribbon events. It is a relatively new program. I want to ask you some questions about the program.

1. How many Yellow Ribbon weekends have you attended SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT in [Q7]? T7YRA_X1

(Interviewer: If don't know, select 98. If refused, select 99.)

(Interviewer: If 0, 98, or 99, skip to question 9)

(Interviewer: If 1, skip to question 6)

- 0 (Skip to question 9) 1.00
- 1 (Skip to question 6) 2.00
- 2 3.00
- 98 (Skip to question 9) 4.00
- 99 (Skip to question 9) 5.00

2. What month and year did you FIRST attend a Yellow Ribbon weekend SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT?

(Select 98 for don't know. Select 99 for refused.)

1(2009) - 8(2016), 9 is 98, 10 is 99

Month 1(1) - 12(12), 13 is 98, 14 is 99

Year

Month and Year YRRP	T7YRA_M_F2	<input type="button" value="▼"/>	T7YRA_Y_F2	<input type="button" value="▼"/>
---------------------	------------	----------------------------------	------------	----------------------------------

3. In what city was it held?

Locations	<input type="button" value="▼"/>	City	<input type="button" value="▼"/>
Other (please specify)	<input type="text"/> T7YRA_C_FOT2		

Time 7 (T7) Supporter Interview 10_21_2011

4. Overall how helpful or useful was the information at the Yellow Ribbon you FIRST attended SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT? Would you say, poor, fair, average, good, or excellent?

- A. Poor 1.00 T7YRA_RATEF2
- B. Fair 2.00
- C. Average 3.00
- D. Good 4.00
- E. Excellent 5.00
- F. Don't Know 6.00
- G. Refused 7.00

5. What month and year did you MOST RECENTLY attend a Yellow Ribbon weekend?

(Interviewer: Select 98 for don't know. Select 99 for refused.)

(Interviewer: Complete this question and then SKIP to QUESTION 7.)

T7YRA_M_R3	Month		T7YRA_Y_R3	Year	
Month and Year YRRP	<input type="text"/>		Month and Year YRRP	<input type="text"/>	

6. What month and year did you attend a Yellow Ribbon weekend after your service member RETURNED from his/her MOST RECENT DEPLOYMENT?

(Interviewer: Select 98 for don't know. Select 99 for refused.)

T7YRA_M_R_B3	Month		T7YRA_Y_R_B3	Year	
Month and Year YRRP	<input type="text"/>		Month and Year YRRP	<input type="text"/>	

7. In what city was it held?

Locations	T7YRA_C_R3	City	
Other (please specify)	<input type="text"/> T7YRA_C_ROT3		

Time 7 (T7) Supporter Interview 10_21_2011

8. Overall how helpful or useful was the information at this Yellow Ribbon weekend?

Would you say, poor, fair, average, good, or excellent?

T7YRA_RATER3

- A. Poor 1.00
- B. Fair 2.00
- C. Average 3.00
- D. Good 4.00
- E. Excellent 5.00
- F. Don't Know 6.00
- G. Refused 7.00

9. Did you attend a Yellow Ribbon event BEFORE your service member deployed for his/her MOST RECENT DEPLOYMENT?

T7YRA_BD4

- No (Skip to Question 13) 1.00
- Yes 2.00
- Don't Know (Skip to Question 13) 3.00
- Refused (Skip to Question 13) 4.00

10. What month and year did you attend a Yellow Ribbon weekend BEFORE your MOST RECENT DEPLOYMENT?

(Interviewer: Select 98 for don't know. Select 99 for refused.)

(Interviewer: If multiple Yellow Ribbons attended before MOST RECENT DEPLOYMENT select the one just before MOST RECENT DEPLOYMENT)

Month and Year YRRP	T7YRA_M_BD4	 Month	 Year
		<input type="text"/>	<input type="text"/>

11. In what city was it held?

Locations	T7YRA_C_BD4	 City	<input type="text"/>
Other (please specify)	<input type="text"/> T7YRA_C_BDOT4		

Time 7 (T7) Supporter Interview 10_21_2011

12. Overall how helpful or useful was the information at the Yellow Ribbon weekend you attended BEFORE your service member's MOST RECENT DEPLOYMENT? Would you say, poor, fair, average, good, or excellent? T7YRA_RATEBD4

- A. Poor 1.00
- B. Fair 2.00
- C. Average 3.00
- D. Good 4.00
- E. Excellent 5.00
- F. Don't Know 6.00
- G. Refused 7.00

13. (Interviewer: If respondent offers any UNSOLICITED comments about the Yellow Ribbon program, please summarize them below as appropriate. If not, skip to next module.) T7YRA_COMMENTS5

Time 7 (T7) Supporter Interview 10_21_2011

6. Post-deployment Life Events

This next section focuses on events you may have experienced SINCE your service member RETURNED FROM his/her MOST RECENT DEPLOYMENT.

1. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT in [Q7], has he/she experienced mobilization within the continent of the United States for a natural disaster or other crisis or emergency? T7PDLE1

- No (Skip to Q 3) 1.00
- Yes 2.00
- Don't Know (Skip to Q 3) 3.00
- Refused (Skip to Q 3) 4.00

2. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS1	T7PDLE_FYS1	T7PDLE_FME1	T7PDLE_FYE1
Month / Year Start and Stopped 2	T7PDLE_SMS1	T7PDLE_SYS1	T7PDLE_SME1	T7PDLE_SYE1
Month / Year Start and Stopped 3	T7PDLE_TMS1	T7PDLE_TYS1	T7PDLE_TME1	T7PDLE_TYE1

3. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT in [Q7], did you experience a natural disaster, a fire, or an accident in which you were hurt or had your property damaged? T7PDLE2

- No (Skip to Q 5) 1.00
- Yes 2.00
- Don't Know (Skip to Q 5) 3.00
- Refused (Skip to Q 5) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

4. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS2	T7PDLE_FYS2	T7PDLE_FME2	T7PDLE_FYE2
Month / Year Start and Stopped 2	T7PDLE_SMS2	T7PDLE_SYS2	T7PDLE_SME2	T7PDLE_SYE2
Month / Year Start and Stopped 3	T7PDLE_TMS2	T7PDLE_TYS2	T7PDLE_TME2	T7PDLE_TYE2

5. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, did you experience a serious operation?

T7PDLE3

- No (Skip to Q 7) 1.00
- Yes 2.00
- Don't Know (Skip to Q 7) 3.00
- Refused (Skip to Q 7) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

6. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS3	T7PDLE_FYS3	T7PDLE_FME3	T7PDLE_FYE3
Month / Year Start and Stopped 2	T7PDLE_SMS3	T7PDLE_SYS3	T7PDLE_SME3	T7PDLE_SYE3
Month / Year Start and Stopped 3	T7PDLE_TYS3	T7PDLE_TYS3	T7PDLE_TME3	T7PDLE_TYE3

7. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced someone close to you with a severe mental illness or life threatening physical illness?

- No (Skip to Q 9) 1.00 T7PDLE4
- Yes 2.00
- Don't Know (Skip to Q 9) 3.00
- Refused (Skip to Q 9) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

8. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS4	T7PDLE_FYS4	T7PDLE_FME4	T7PDLE_FYE4
Month / Year Start and Stopped 2	T7PDLE_SMS4	T7PDLE_FMS4	T7PDLE_SME4	T7PDLE_SYE4
Month / Year Start and Stopped 3	T7PDLE_TMS4	T7PDLE_TMS4	T7PDLE_TME4	T7PDLE_TYE4

9. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced the death of someone close to you? T7PDLE5

- No (Skip to Q 11) **1.00**
- Yes **2.00**
- Don't Know (Skip to Q 11) **3.00**
- Refused (Skip to Q 11) **4.00**

Time 7 (T7) Supporter Interview 10_21_2011

10. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS5	T7PDLE_FYS5	T7PDLE_FME5	T7PDLE_FYE5
Month / Year Start and Stopped 2	T7PDLE_SMS5	T7PDLE_SYS5	T7PDLE_SME5	T7PDLE_SYE5
Month / Year Start and Stopped 3	T7PDLE_TMS5	T7PDLE_TYS5	T7PDLE_TME5	T7PDLE_TYE5

11. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced going through a divorce or being left by a partner or significant other?

T7PDLE6

(Interviewer: Rephrase question if needed depending on information shared by respondent in demographics update section. For example, respondent previously reported divorce or separation.)

- No (Skip to Q 13) 1.00
- Yes 2.00
- Don't Know (Skip to Q 13) 3.00
- Refused (Skip to Q 13) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

12. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS6	T7PDLE_FYS6	T7PDLE_FME6	T7PDLE_FYE6
Month / Year Start and Stopped 2	T7PDLE_SMS6	T7PDLE_SYS6	T7PDLE_SME6	T7PDLE_SYE6
Month / Year Start and Stopped 3	T7PDLE_TMS6	T7PDLE_TYS6	T7PDLE_TME6	T7PDLE_TYE6

13. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced losing your job?

T7PDLE7

- No (Skip to Q 15) 1.00
- Yes 2.00
- Don't Know (Skip to Q 15) 3.00
- Refused (Skip to Q 15) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

14. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS7	T7PDLE_FYS7	T7PDLE_FME7	T7PDLE_FYE7
Month / Year Start and Stopped 2	T7PDLE_SMS7	T7PDLE_SYS7	T7PDLE_SME7	T7PDLE_SYE7
Month / Year Start and Stopped 3	T7PDLE_TMS7	T7PDLE_TYS7	T7PDLE_TME7	T7PDLE_TYE7

15. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced witnessing someone being assaulted or violently killed?

- No (Skip to Q 17) **1.00**
T7PDLE8
- Yes **2.00**
- Don't Know (Skip to Q 17) **3.00**
- Refused (Skip to Q 17) **4.00**

Time 7 (T7) Supporter Interview 10_21_2011

16. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1 T7PDLE_FMS8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month / Year Start and Stopped 2 T7PDLE_SMS8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month / Year Start and Stopped 3 T7PDLE_TMS8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced a stressful legal problem (for example, being sued or suing someone else)?

T7PDLE9

- No (Skip to Q 19) **1.00**
- Yes **2.00**
- Don't Know (Skip to Q 19) **3.00**
- Refused (Skip to Q 19) **4.00**

Time 7 (T7) Supporter Interview 10_21_2011

18. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS9	T7PDLE_FYS9	T7PDLE_FME9	T7PDLE_FMS9
Month / Year Start and Stopped 2	T7PDLE_SMS9	T7PDLE_SYS9	T7PDLE_SME9	T7PDLE_SMS9
Month / Year Start and Stopped 3	T7PDLE_TMS9	T7PDLE_TYS9	T7PDLE_TME9	T7PDLE_TMS9

19. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced being robbed or had your home broken into? T7PDLE10

- No (Skip to Q 21) 1.00
- Yes 2.00
- Don't Know (Skip to Q 21) 3.00
- Refused (Skip to Q 21) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

20. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS10	T7PDLE_FYS10	T7PDLE_FME10	T7PDLE_FYE10
Month / Year Start and Stopped 2	T7PDLE_SMS10	T7PDLE_SYS10	T7PDLE_SME10	T7PDLE_SYE10
Month / Year Start and Stopped 3	T7PDLE_TMS10	T7PDLE_TYS10	T7PDLE_TME10	T7PDLE_TYE10

21. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced having a family member with a serious drug or alcohol problem?

- No (Skip to Q 23) **1.00** T7PDLE11
- Yes **2.00**
- Don't Know (Skip to Q 23) **3.00**
- Refused (Skip to Q 23) **4.00**

Time 7 (T7) Supporter Interview 10_21_2011

22. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS11	T7PDLE_FYS11	T7PDLE_FME11	T7PDLE_FYE11
Month / Year Start and Stopped 2	T7PDLE_SMS11	T7PDLE_SYS11	T7PDLE_SME11	T7PDLE_SYE11
Month / Year Start and Stopped 3	T7PDLE_TMS11	T7PDLE_TYS11	T7PDLE_TME11	T7PDLE_TYE11

23. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced you or your partner becoming pregnant for the FIRST time?

- No (Skip to Q 25) **1.00**
T7PDLE12
- Yes **2.00**
- Don't Know (Skip to Q 25) **3.00**
- Refused (Skip to Q 25) **4.00**

24. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped	T7PDLE_FMS12	T7PDLE_FYS12	T7PDLE_FME12	T7PDLE_FYE12

Time 7 (T7) Supporter Interview 10_21_2011

25. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced having to care for a special needs child or a child with a serious medical problem or disability? T7PDLE13

- No (Skip to Q 27) 1.00
- Yes 2.00
- Don't Know (Skip to Q 27) 3.00
- Refused (Skip to Q 27) 4.00

26. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1 T7PDLE_FMS13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month / Year Start and Stopped 2 T7PDLE_SMS13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month / Year Start and Stopped 3 T7PDLE_TMS13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

27. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced being a parent for the FIRST time? T7PDLE14

- No (Skip to Q 29) 1.00
- Yes 2.00
- Don't Know(Skip to Q 29) 3.00
- Refused (Skip to Q 29) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

28. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT.)

Month / Year Start and Stopped	Month Start T7PDLE_FMS14	Year Start T7PDLE_FYS14	Month End T7PDLE_FME14	Year End T7PDLE_FYE14
--------------------------------	-----------------------------	----------------------------	---------------------------	--------------------------

29. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced feeling like you cannot control your children(s)' behaviors?

T7PDLE15

(Interviewer: As needed, let the respondent know N/A is an optional response.)

- No (Skip to Q 31) 1.00
- Yes 2.00
- Don't Know (Skip to Q 31) 3.00
- Refused (Skip to Q 31) 4.00
- N/A (Skip to Q 31) 5.00

30. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

Month / Year Start and Stopped 1	Month Start T7PDLE_FMS15	Year Start T7PDLE_FYS15	Month End T7PDLE_FME15	Year End T7PDLE_FYE15
Month / Year Start and Stopped 2	T7PDLE_SMS15	T7PDLE_SYS15	T7PDLE_SME15	T7PDLE_SYE15
Month / Year Start and Stopped 3	T7PDLE_TMS15	T7PDLE_TYS15	T7PDLE_TME15	T7PDLE_TYE15

Time 7 (T7) Supporter Interview 10_21_2011

31. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced increased communication problems with your spouse/partner?

T7PDLE16

(Interviewer: As needed, let the respondent know N/A is an optional response.)

- No (Skip to Q 33) 1.00
- Yes 2.00
- Don't Know (Skip to Q 33) 3.00
- Refused (Skip to Q 33) 4.00
- N/A (Skip to Q 33) 5.00

32. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS16	T7PDLE_FYS16	T7PDLE_FME16	T7PDLE_FYE16
Month / Year Start and Stopped 2	T7PDLE_SMS16	T7PDLE_SYS16	T7PDLE_SME16	T7PDLE_SYE16
Month / Year Start and Stopped 3	T7PDLE_TMS16	T7PDLE_TYS16	T7PDLE_TME16	T7PDLE_TYE16

33. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced being emotionally mistreated (for example, shamed, embarrassed, ignored, or repeatedly told your were no good)? T7PDLE17

- No (Skip to Q 36) 1.00
- Yes 2.00
- Don't Know (Skip to Q 36) 3.00
- Refused (Skip to Q 36) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

34. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS17	T7PDLE_FYS17	T7PDLE_FME17	T7PDLE_FYE17
Month / Year Start and Stopped 2	T7PDLE_SMS17	T7PDLE_SYS17	T7PDLE_SME17	T7PDLE_SYE17
Month / Year Start and Stopped 3	T7PDLE_TMS17	T7PDLE_TYS17	T7PDLE_TME17	T7PDLE_TYE17

35. Was this as a result of a spouse or partner's actions?

T7PDLE_SPOU17

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

36. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced being physically injured by another person (for example, hit, kicked, or beaten up)?

T7PDLE18

- No (Skip to Q 39) 1.00
- Yes 2.00
- Don't Know (Skip to Q 39) 3.00
- Refused (Skip to Q 39) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

37. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS18	T7PDLE_FYS18	T7PDLE_FME18	T7PDLE_FYE18
Month / Year Start and Stopped 2	T7PDLE_SMS18	T7PDLE_SYS18	T7PDLE_SME18	T7PDLE_SYE18
Month / Year Start and Stopped 3	T7PDLE_TMS18	T7PDLE_TYS18	T7PDLE_TME18	T7PDLE_TYE18

38. Was this as a result of a spouse or partner's actions?

(Interviewer: If respondent reports YES, implement Domestic Violence Protocol at the end of the interview. Note: A Don't Know or Refusal response may also be appropriate to implement the Domestic Violence Protocol.) T7PDLE_SPOU18

- No 1.00
- Yes ** - Implement Domestic Violence Protocol 2.00
- Don't Know 3.00
- Refused 4.00

39. SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you experienced unwanted sexual activity as a result of force, threat of harm, or manipulation? T7PDLE19

- No (Skip to next module) 1.00
- Yes 2.00
- Don't Know (Skip to next module) 3.00
- Refused (Skip to next module) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

40. What month and year was that?

(Interviewer: Select 98 for Don't Know. Select 99 for Refused.)

(Interviewer: If the event occurred as a discrete event (within one month frame), use the start month and year columns only. If the event is continuing from a date before the SERVICE MEMBER RETURNED, enter the date the service member returned from his/her MOST RECENT DEPLOYMENT. If an experience occurred more than 3 times, ask the respondent to give you month and year for the 3 worst times.)

	Month Start	Year Start	Month End	Year End
Month / Year Start and Stopped 1	T7PDLE_FMS19	T7PDLE_FYS19	T7PDLE_FME19	T7PDLE_FYE19
Month / Year Start and Stopped 2	T7PDLE_SMS19	T7PDLE_SYS19	T7PDLE_SME19	T7PDLE_SYE19
Month / Year Start and Stopped 3	T7PDLE_TMS19	T7PDLE_TYS19	T7PDLE_TME19	T7PDLE_TYE19

41. Was this as a result of a spouse or partner's actions?

(Interviewer: If respondent reports YES, implement Domestic Violence Protocol at the end of the interview. Note: A Don't Know or Refusal response may also be appropriate to implement the Domestic Violence Protocol.)

T7PDLE_SPOU19

- No 1.00
- Yes ** - Implement Domestic Violence Protocol 2.00
- Don't Know 3.00
- Refused 4.00

Time 7 (T7) Supporter Interview 10_21_2011

7. Post-deployment Physical Health

Interviewer Read: For most of the rest of this interview, we will be focusing on how you have been doing in the PAST MONTH. (Pause)

1. You will need Card D1 on page 6 for this next section. (Pause). Card D1 describes some common health concerns and conditions. As I read each item, please tell me Yes or No if you had the health concern or condition in the PAST MONTH.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Memory problems or lapses T7PDPH1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Balance problems or dizziness T7PDPH2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Ringing in the ears T7PDPH3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sensitivity to bright light T7PDPH4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Irritability T7PDPH5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Headaches T7PDPH6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Sleep problems T7PDPH7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Chronic cough T7PDPH8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Runny nose T7PDPH9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Fever T7PDPH10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Weakness T7PDPH11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Swollen, stiff, or painful joints (such as knees, shoulders, ankles, and elbows) T7PDPH12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Back pain T7PDPH13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Muscle aches T7PDPH14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Numbness or tingling in hands or feet T7PDPH15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Skin diseases or rashes T7PDPH16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Redness of eyes with tearing T7PDPH17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. Dimming of vision (like the lights were going out) T7PDPH18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. Chest pain or pressure T7PDPH19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. Racing heart or heart palpitations T7PDPH20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U. Difficulty breathing or shortness of breath T7PDPH21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Diarrhea, vomiting, or frequent indigestion T7PDPH22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Supporter Interview 10_21_2011

W. Taking more risks such as driving faster T7PDPH23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X. Hearing loss T7PDPH24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Y. Blurred vision T7PDPH25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Z. Chronic fatigue T7PDPH26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AA. Making more mental mistakes than in the past T7PDPH27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BB. Sexual dysfunction or other sexual problems T7PDPH28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Now, please follow along with me using card D2 on the next page. (pause) As I read each item, please tell me Yes or No if a doctor told you that you had OR you were treated for any of the following conditions in the PAST MONTH.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. Asthma, emphysema, chronic bronchitis, or chronic obstructive pulmonary disease T7PDPH_DOC1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Hypertension or high blood pressure T7PDPH_DOC2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Diabetes T7PDPH_DOC3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Respiratory illness T7PDPH_DOC4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Myocardial infarction, heart attack, or heart problems (including angina and chest pain) T7PDPH_DOC5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. High cholesterol T7PDPH_DOC6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Serious wound or injury T7PDPH_DOC7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Cancer T7PDPH_DOC8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. What about any other physical health conditions? T7PDPH_DOC9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

[T7PDPH_DOC_OT9](#)

3. (Interviewer: This question intentionally left blank. Skip to question 6.)

N/A [T7PDPH_INJ_NULL1](#)

4. (Interviewer: This question intentionally left blank. Skip to question 6.)

N/A [T7PDPH_INJ_NULL2](#)

Time 7 (T7) Supporter Interview 10_21_2011

5. (Interviewer: This question intentionally left blank. Skip to question 6.)

N/A
N/A
N/A

T7PDPH_INJ_NULL3
T7PDPH_INJ_NULL4
T7PDPH_INJ_NULL5

6. I'm now going to ask you about problems with your work or other regular daily activities as a result of your PHYSICAL HEALTH.

During the PAST MONTH, have you (insert item)?

(Interviewer: Once the respondent understands the question pertains to the PAST MONTH, shorten the stem question to "Have you...?")

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1. Cut down on the AMOUNT OF TIME you spent on work or other activities as a result of your PHYSICAL HEALTH?	<input type="radio"/> T7PDPH_RP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ACCOMPLISHED LESS than you would like as a result of your PHYSICAL HEALTH?	<input type="radio"/> T7PDPH_RP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Been limited in the KIND of work or other activities as a result of your PHYSICAL HEALTH?	<input type="radio"/> T7PDPH_RP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Had DIFFICULTY performing the work or other activities (for example, it took extra effort) as a result of your PHYSICAL HEALTH?	<input type="radio"/> T7PDPH_RP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. During the PAST MONTH, to what extent has your physical health interfered with your normal social activities with family, friends, neighbors, or groups? Would you say Not At All, Slightly, Moderately, Quite a bit, or Extremely?

T7PDPH_RATE1

- Not at all 1.00
- Slightly 2.00
- Moderately 3.00
- Quite a bit 4.00
- Extremely 5.00

Time 7 (T7) Supporter Interview 10_21_2011

8. Overall, how would you rate your physical health during the PAST MONTH using the following choices? Excellent, Very Good, Good, Fair, or Poor. T7PDPH_RATE2

- A. Excellent 1.00
- B. Very Good 2.00
- C. Good 3.00
- D. Fair 4.00
- E. Poor 5.00
- F. Don't Know 6.00
- G. Refused 7.00

9. Now, using Card D3 on page 8, compared to one-year BEFORE your service member's MOST RECENT DEPLOYMENT, how would you rate your physical health in general in the PAST MONTH? T7PDPH_RATE3

- A. Much better now than before my service member deployed 1.00
- B. Somewhat better now than before my service member deployed 2.00
- C. About the same as before my service member deployed 3.00
- D. Somewhat worse now than before my service member deployed 4.00
- E. Much worse now than before my service member deployed 5.00
- F. Don't Know 6.00
- G. Refused 7.00

Time 7 (T7) Supporter Interview 10_21_2011

8. Connor Davidson Risk & Resilience Inventory (CD-RISC)

Interviewer Read: You will need Card E1 on page 9 for this next section. (pause)

1. Now I'm going to read you a series of statements. Please indicate how much you agree with them as they apply to you over the PAST MONTH.

If a particular situation has not occurred recently, answer according to how you think you would have felt.

The first statement is (insert first statement). Would you say that is (A) not true at all;(B) rarely true;(C) sometimes true; (D) often true; or (E) true nearly all of the time in the PAST MONTH?

The next item is (insert next item). How would you rate that using the response options on Card E1?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the item and allow the respondent provide the response using the choices on Card E1.)

	A. not true at all .00	B. rarely true 1.00	C. sometimes true 2.00	D. often true 3.00	E. true nearly all of the time 4.00
1. I am able to adapt when changes occur. T7RESIL1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have at least one close and secure relationship which helps me when I am stressed. T7RESIL2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When there are no clear solutions to my problems, sometimes fate or God can help. T7RESIL3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can deal with whatever comes my way. T7RESIL4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Past successes give me confidence in dealing with new challenges and activities. T7RESIL5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I try to see the humorous side of things when I am faced with problems. T7RESIL6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Having to cope with stress can make me T7RESIL7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Supporter Interview 10_21_2011

stronger.

8. I tend to bounce back
after illness, injury or other
hardships.

T7RESIL8

2. CD-RISC Continued

	A. not true at all .00	B. rarely true 1.00	C. sometimes true 2.00	D. often true 3.00	E. true nearly all of the time 4.00
9. Good or bad, I believe that most things happen for a reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I give my best effort, no matter what the outcome may be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I believe I can achieve my goals, even if there are obstacles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Even when things look hopeless, I don't give up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. During times of stress /crisis, I know where to turn for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Under pressure, I stay focused and think clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I prefer to take the lead in solving problems, rather than letting others make all of the decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am not easily discouraged by failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Supporter Interview 10_21_2011

3. CD-RISC Continued

	A. not true at all .00	B. rarely true 1.00	C. sometimes true 2.00	D. often true 3.00	E. true nearly all of the time 4.00
17. I think of myself as a strong person when dealing with life's challenges and difficulties. T7RESIL17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I can make unpopular or difficult decisions that affect other people, if it is necessary. T7RESIL18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am able to handle unpleasant or painful feelings like sadness, fear and anger. T7RESIL19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. In dealing with life's problems, sometimes you have to act on a hunch, without knowing why. T7RESIL20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I have a strong sense of purpose in life. T7RESIL21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I feel in control of my life. T7RESIL22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I like challenges. T7RESIL23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I work to attain my goals, no matter what roadblocks I encounter along the way. T7RESIL24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I take pride in my achievements. T7RESIL25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Supporter Interview 10_21_2011

9. Post-deployment Support

Interviewer Read: Please turn to page 10 in your booklet.

1. The next statements refer to your experiences in the PAST MONTH. For each statement I read, use the response options on Card F1 focusing on the PAST MONTH period.

The first statement is (read first item). Would you say you (A) strongly disagree, (B) somewhat disagree, (C) neither agree nor disagree, (D) somewhat agree, or (E) strongly agree with this statement?

The next statement is (insert next item). How would you rate this statement using the response options on Card F1?

(Interviewer: Once the respondent understands the pattern, you can just read a short stem like "What about...?" or just read the statement and allow the respondent to provide the response using the choices on Card F1. Repeat the response choices as needed.)

(Interviewer: If needed because the respondent is not working or some other reason, you may tell the respondent he/she may also say "not applicable".)

	A. Strongly disagree	B. Somewhat disagree	C. Neither agree nor disagree	D. Somewhat agree	E. Strongly agree	.00 Not applicable
1. I am carefully listened to and understood by family members or friends. T7PDSUPP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have a friend or relative who makes me feel better when I am feeling down. T7PDSUPP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have problems that I cannot discuss with family or friends. T7PDSUPP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have a friend or relative I go to when I need good advice. T7PDSUPP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. There are people to whom I can talk about the time when my service member was deployed. T7PDSUPP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The people I work with respect the fact that my spouse/partner is a veteran. T7PDSUPP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My supervisor understands when I need T7PDSUPP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Supporter Interview 10_21_2011

time off to take care of
personal matters.

8. My friends or relatives would lend me money if I needed it. **T7PDSUPP8**

9. My friends or relatives would help me move my belongings if I needed to. **T7PDSUPP9**

10. When I am ill, friends or family members will help out until I am well. **T7PDSUPP10**

Time 7 (T7) Supporter Interview 10_21_2011

10. Burns Relationship Satisfaction Scale

Interviewer Read: This next section is about relationships. In a moment I will read a series of categories and ask you to rate your satisfaction with your closest relationship.

1. Before we begin, using card G1 on page 11, (Pause) please tell me your closest relationship in the PAST MONTH.

T7RELA1

(Interviewer: Respondent does not have choice L-N in the show card booklet. If the respondent reports no closest relationship, doesn't know, or refuses, skip to next module.)

(Interviewer: If respondent reports more than one closest relationship, encourage the respondent to select the one that is the closest.)

- A. Spouse 1.00
- B. Partner /Significant other 2.00
- C. Fiance/fiancee 3.00
- D. Girlfriend/Boyfriend 4.00
- E. Mother 5.00
- F. Father 6.00
- G. Sibling 7.00
- H. Grandparent 8.00
- I. Child 9.00
- J. Friend 10.00
- K. Other (Please specify below) 11.00
- L. No closest relationship (Skip to next module) 12.00
- M. Don't know (Skip to next module) 13.00
- N. Refused (Skip to next module) 14.00

Other (DO NOT RECORD NAMES - RECORD RELATIONSHIP CATEGORY)

Time 7 (T7) Supporter Interview 10_21_2011

2. Please turn to Card G2 on the next page. Now, I'm going to read a series of categories. For each category, please select the amount of SATISFACTION you feel in your CLOSEST RELATIONSHIP with regard to the PAST MONTH.

The first category is (insert first item). Using the 8 options on Card G2, how do you rate your SATISFACTION in this category?

The next category is (insert next item). How do you rate your satisfaction for this?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the category and allow the respondent to provide the response using Card G2.)

	.00 A. Very Dissatisfied	1.00 B. Moderately Dissatisfied	2.00 C. Slightly Dissatisfied	3.00 D. Neutral	4.00 E. Slightly Satisfied	5.00 F. Moderately Satisfied	6.00 G. Very Satisfied	N/A 
1. Communication and openness T7RELScale1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2. Resolving conflicts and arguments T7RELScale2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. Degree of affection and caring T7RELScale3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4. Intimacy and closeness T7RELScale4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5. Satisfaction with your role in the relationship T7RELScale5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6. Satisfaction with the other person's role T7RELScale6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7. Overall satisfaction with your relationship T7RELScale7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Time 7 (T7) Supporter Interview 10_21_2011

3. Please turn to Card G3 on the next page. Now, for these next few questions, I would like you to again keep this CLOSEST RELATIONSHIP in mind for the PAST MONTH.

T7RELA_DIFF1

Using the response options on Card G3, tell me how often you argue?

- A. All the time 1.00
- B. Most of the time 2.00
- C. More often than not 3.00
- D. Occasionally 4.00
- E. Rarely 5.00
- F. Never 6.00
- G. Not applicable 7.00
- H. Don't Know 8.00
- I. Refused 9.00

4. How often do you get on each other's nerves?

T7RELA_DIFF2

- A. All the time 1.00
- B. Most of the time 2.00
- C. More often than not 3.00
- D. Occasionally 4.00
- E. Rarely 5.00
- F. Never 6.00
- G. Not applicable 7.00
- H. Don't Know 8.00
- I. Refused 9.00

Time 7 (T7) Supporter Interview 10_21_2011

5. How often do you argue about parenting? T7RELA_DIFF3

- A. All the time **1.00**
- B. Most of the time **2.00**
- C. More often than not **3.00**
- D. Occasionally **4.00**
- E. Rarely **5.00**
- F. Never **6.00**
- G. Not applicable **7.00**
- H. Don't Know **8.00**
- I. Refused **9.00**

Time 7 (T7) Supporter Interview 10_21_2011

11. Post-deployment Psychological Health

These next questions will focus on common PSYCHOLOGICAL PROBLEMS and other concerns that you may have had in the PAST MONTH.

1. In the PAST MONTH, did you experience repeated disturbing memories or thoughts of a traumatic experience? T7PDPSYH1

- No (Skip to Question 3) 1.00
- Yes 2.00
- Don't Know (Skip to Question 3) 3.00
- Refused (Skip to Question 3) 4.00

2. Did that last two weeks or longer? T7PDPSYH_D1

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

3. In the PAST MONTH, did you experience feeling down, depressed, or hopeless?

- No (Skip to Question 5) 1.00 T7PDPSYH2
- Yes 2.00
- Don't Know (Skip to Question 5) 3.00
- Refused (Skip to Question 5) 4.00

4. Did that last two weeks or longer? T7PDPSYH_D2

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

5. In the PAST MONTH, did you experience excessive anxiety or worry? T7PDPSYH3

- No (Skip to Question 7) 1.00
- Yes 2.00
- Don't Know (Skip to Question 7) 3.00
- Refused (Skip to Question 7) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

6. Did that last two weeks or longer? T7PDPSYH_D3

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

7. In the PAST MONTH, did you experience problems with anger management? T7PDPSYH4

- No (Skip to Question 9) 1.00
- Yes 2.00
- Don't Know (Skip to Question 9) 3.00
- Refused (Skip to Question 9) 4.00

8. Did that last two weeks or longer? T7PDPSYH_D4

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

9. In the PAST MONTH, did you experience an alcohol use problem? T7PDPSYH5

- No (Skip to Question 11) 1.00
- Yes 2.00
- Don't Know (Skip to Question 11) 3.00
- Refused (Skip to Question 11) 4.00

10. Did that last two weeks or longer? T7PDPSYH_D5

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

Time 7 (T7) Supporter Interview 10_21_2011

11. In the PAST MONTH, did you smoke cigarettes or use other tobacco? T7PDPSYH6

- No (Skip to Question 13) 1.00
- Yes 2.00
- Don't Know (Skip to Question 13) 3.00
- Refused (Skip to Question 13) 4.00

12. Did you use it two weeks or longer? T7PDPSYH_D6

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

13. In the PAST MONTH, did you have another substance use problem (other than alcohol or tobacco)? T7PDPSYH7

- No (Skip to Question 15) 1.00
- Yes 2.00
- Don't Know (Skip to Question 15) 3.00
- Refused (Skip to Question 15) 4.00

14. Did that last two weeks or longer? T7PDPSYH_D7

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

15. In the PAST MONTH, did you have any other psychological problem or other concern?

- No (Skip to Question 18) 1.00 T7PDPSYH8
- Yes 2.00
- Don't Know (Skip to Question 18) 3.00
- Refused (Skip to Question 18) 4.00

16. What was the other psychological problem or other concern?

Problem or Concern

T7PDPSYH_PR8

Time 7 (T7) Supporter Interview 10_21_2011

17. Did that last two weeks or longer? T7PDPSYH_D8

- No 1.00
- Yes 2.00
- Don't Know 3.00
- Refused 4.00

18. I'm now going to ask you about problems with work or other regular daily activities as a result of any PSYCHOLOGICAL PROBLEMS.

During the PAST MONTH, (insert item)

(Interviewer: Once the respondent understands the question pertains to the PAST MONTH, just read the item.)

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
1. Have you cut down on the AMOUNT OF TIME you spent on work or other activities as a result of PSYCHOLOGICAL PROBLEMS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you ACCOMPLISHED LESS than you would like as a result of PSYCHOLOGICAL PROBLEMS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Did you do work or other activities LESS CAREFULLY THAN USUAL as a result of PSYCHOLOGICAL PROBLEMS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. During the PAST MONTH, to what extent have psychological problems interfered with your normal social activities with family, friends, neighbors, or groups? Would you say Not At All, Slightly, Moderately, Quite a bit, or Extremely? T7PDPSYH_RATE1

- Not at all 1.00
- Slightly 2.00
- Moderately 3.00
- Quite a bit 4.00
- Extremely 5.00

Time 7 (T7) Supporter Interview 10_21_2011

20. Overall, how would you rate your psychological health during the PAST MONTH using the following choices? Excellent, Very Good, Good, Fair, or Poor? T7PDPSYH_RATE2

- A. Excellent 1.00
- B. Very Good 2.00
- C. Good 3.00
- D. Fair 4.00
- E. Poor 5.00
- F. Don't Know 6.00
- G. Refused 7.00

21. I will now read you a series of stressful experiences and problems that may have occurred during the PAST MONTH. As I read each item, please tell me Yes or No if you experienced the stressor during the PAST MONTH.

	No 1.00	Yes 2.00	Don't Know 3.00	Refused 4.00
A. A family member with a physical illness T7PDPSYH_STREXP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. A family member with a psychological problem T7PDPSYH_STREXP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Employment related problem T7PDPSYH_STREXP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Financial problem T7PDPSYH_STREXP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Legal problem T7PDPSYH_STREXP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Interpersonal problem with a family member T7PDPSYH_STREXP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Parent child conflict T7PDPSYH_STREXP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Death of a family member or close friend T7PDPSYH_STREXP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Supporter Interview 10_21_2011

12. AUDIT

Interviewer Read: Now I am going to ask some questions about your use of alcoholic beverages in the PAST MONTH. By alcoholic beverages, I mean beer, wine, wine coolers; or hard liquor like vodka, gin, or whiskey. When I use the term "drink", I mean a glass of wine, a can or bottle of beer, or a shot of hard liquor alone or in a mixed drink.

1. Please refer to Card H1 on page 14 for the response choices for this next question.

(Pause) How often did you have a drink containing alcohol in the PAST MONTH?

T7ALC1

(Interviewer: If respondent indicates NEVER use your discretion to probe further as needed. For example "So, not even a glass of wine at a party in the past month?" OR "So nothing to drink AT ALL?" Then, if still NEVER skip to questions 9 and 10. Also, skip to questions 9 and 10 if respondent reports B.)

- A. Never 1.00
- B. At least 1 time since my service member returned from deployment, but not in the past month. 2.00
- C. 1 time in the past month 3.00
- D. 2 to 4 times a month in the past month 4.00
- E. 2 to 3 times a week in the past month 5.00
- F. 4 or more times a week in the past month 6.00
- G. Don't know 7.00
- H. Refused 8.00

2. In the PAST MONTH, how many drinks containing alcohol did you have on a typical day when you were drinking?

T7ALC2

(Interviewer: As needed explain that this question does not have a show card.)

- A. 1 or 2 *** 1.00
- B. 3 or 4 2.00
- C. 5 or 6 3.00
- D. 7, 8, or 9 4.00
- E. 10 or more 5.00
- F. Don't know 6.00
- G. Refused 7.00

Time 7 (T7) Supporter Interview 10_21_2011

3. Using card H2 on the next page, tell me how often did you have six or more drinks on one occasion in the PAST MONTH. T7ALC3

- A. Never *** 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

4. (Interviewer: *** If respondent reported A for question 2 - AND - A for question 3, skip to question 9. Do not ask next question.) T7ALC4

Interviewer Read: You will again use Card H2 for this next series of questions.

How often during the PAST MONTH have you found that you were not able to stop drinking once you had started?

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

5. How often during the PAST MONTH have you failed to do what was normally expected from you because of drinking? T7ALC5

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

Time 7 (T7) Supporter Interview 10_21_2011

6. How often during the PAST MONTH have you needed a first drink in the morning to get yourself going after a heavy drinking session? T7ALC6

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

7. How often during the PAST MONTH have you had a feeling of guilt or remorse after drinking? T7ALC7

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

8. How often during the PAST MONTH have you been unable to remember what happened the night before because you had been drinking? T7ALC8

- A. Never 1.00
- B. Just 1 or 2 times 2.00
- C. Weekly 3.00
- D. Daily or almost daily 4.00
- E. Don't know 5.00
- F. Refused 6.00

9. Have you or someone else ever been injured as a result of your drinking?

- No 1.00 T7ALC9
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 7 (T7) Supporter Interview 10_21_2011

10. Has a relative or friend or a doctor or another health worker ever been concerned about your drinking or suggested you cut down?

T7ALC10

- No 1.00
- Yes 2.00
- Don't know 3.00
- Refused 4.00

Time 7 (T7) Supporter Interview 10_21_2011

13. PCL - Civilian Version

Interviewer Read: For this next series of questions we will be using Card I1 on page 16. (Pause)

1. I'm going to read a list of problems and complaints that people sometimes have in response to stressful life experiences. As I read each item, please focus on whether you have been bothered by that problem in the PAST MONTH.

The first item is (insert first item). How much would you say you have been bothered by this in the PAST MONTH? Would you say (A) Not at all; (B) A little bit; (C) Moderately; (D) Quite a bit; or (E)Extremely?

The next item is (insert next item). Using Card I1, how much you have been bothered by this experience in the PAST MONTH?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the item and allow the respondent to provide the response using the choices on Card I1.)

A. Not at all **1.00** B. A little bit **2.00** C. Moderately **3.00** D. Quite a bit **4.00** E. Extremely **5.00**

1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past	<input type="radio"/>				
2. Repeated, disturbing dreams of a stressful experience from the past	<input type="radio"/>				
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)	<input type="radio"/>				
4. Feeling very upset when something reminded you of a stressful experience from the past	<input type="radio"/>				
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past	<input type="radio"/>				
6. Avoiding thinking about or talking about a stressful experience from the past or	<input type="radio"/>				

Time 7 (T7) Supporter Interview 10_21_2011

avoiding having feelings
related to it

2. (PCL Continued)

A. Not at all 1.00 B. A little bit 2.00 C. Moderately 3.00 D. Quite a bit 4.00 E. Extremely 5.00

7. Avoiding activities or situations because they reminded you of a stressful experience from the past	<input type="radio"/>				
8. Trouble remembering important parts of a stressful experience from the past	<input type="radio"/>				
9. Loss of interest in activities that you used to enjoy	<input type="radio"/>				
10. Feeling distant or cut off from other people	<input type="radio"/>				
11. Feeling emotionally numb or being unable to have loving feelings for those close to you	<input type="radio"/>				
12. Feeling as if your future will somehow be cut short?	<input type="radio"/>				
13. Trouble falling or staying asleep	<input type="radio"/>				
14. Feeling irritable or having angry outbursts	<input type="radio"/>				
15. Having difficulty concentrating	<input type="radio"/>				
16. Being "super-alert" or watchful or on guard	<input type="radio"/>				
17. Feeling jumpy or easily startled	<input type="radio"/>				

Time 7 (T7) Supporter Interview 10_21_2011

14. Patient Health Questionnaire (PHQ-9)

Interviewer Read: For the next few questions we will need Card J1 on page 17.

1. I am going to ask you about some psychological problems you may have experienced in the PAST MONTH. Some of these may sound similar to previous questions, so please bear with me.

The first item is (insert first item). How often would you say you experienced that in the PAST MONTH? Would you say (A) Not at all, (B) Several days, (C) More than half the days, or (D) Nearly every day.

The next item is (insert next item). Using card J1, how often would you say you experienced this in the PAST MONTH?

(Interviewer: Once the respondent understands the pattern, just use a short stem like "What about...?" or just read the item and allow the respondent to provide the response using the choices on card J1.)

	A. Not at all .00	B. Several days 1.00	C. More than half the days2.00	D. Nearly every day3.00
1. Little interest or pleasure in doing things. T7DEP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless.T7DEP2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much. T7DEP3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy. T7DEP4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating. T7DEP5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down. T7EP6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television. T7DEP7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot T7DEP8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time 7 (T7) Supporter Interview 10_21_2011

more than usual.

9. Thoughts that you would
be better off dead, or of
hurting yourself in some
way.

T7DEP9

2. (Interviewer: If respondent checked off any problems 1-9 above as several days or longer (B-D), ask next question, otherwise skip to Question 3 to ask about suicide.)

T7DEP_DIFF1

Interviewer Read: You indicated that you had the following problems in the PAST MONTH (Interviewer read first 3 respondent endorsed B or longer). How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Not difficult at all; somewhat difficult; very difficult; or extremely difficult.

- Not difficult at all **1.00**
- Somewhat difficult **2.00**
- Very difficult **3.00**
- Extremely difficult **4.00**

Time 7 (T7) Supporter Interview 10_21_2011

**3. Please go ahead and turn the page of your show card booklet to Card J2 on page 18.
(Pause) I would like to ask you about thoughts of suicide. Looking at the response options
on Card J2, tell me how you would rate yourself.** T7DEP_SUI1

Interviewer Instructions:

**If respondent reports thoughts of suicide level C OR D, STOP INTERVIEW IMMEDIATELY
and contact clinical supervisor on call. (See Script below)**

If respondent reports level A or B, continue on to next module.

**If respondent reports B, E, or F inform clinical supervisor on call after the interview is
complete.**

- A. I don't have any thoughts of killing myself. 1.00
- B. I have thoughts of killing myself, but I would not carry them out. 2.00
- C. I would like to kill myself. 3.00
- D. I would kill myself if I had the chance 4.00
- E. Don't Know 5.00
- F. Refused 6.00

(Interviewer: This is the script if respondent reports level C or D suicide thoughts. You may also use your own sincere words to express the equivalent.)

I'm concerned about your thoughts of suicide. For safety reasons, I need to check with my supervisor. I will call you back in a few minutes. If you don't hear from me in a few minutes, please call 1-800-863-7414.

Time 7 (T7) Supporter Interview 10_21_2011

15. Post-Deployment Psychological Service Use

We have just a few remaining questions focusing on PSYCHOLOGICAL PROBLEMS. For these remaining questions, we will focus on the period of time SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT.

1. Since your service member RETURNED from his/her MOST RECENT DEPLOYMENT in [Q7], have you taken any medication prescribed to you for a psychological problem?

- No (Skip to Question 3) **1.00** T7PDPSU_MED1
- Yes **2.00**
- Don't know (Skip to Question 3) **3.00**
- Refused (Skip to Question 3) **4.00**

2. What prescribed medication(s) did you take?

(Interviewer: If respondent offers more than three medicines, it is okay to fill in multiple medicines in the same field.)

(Interviewer: If respondent offers one or two medicines only, be sure to inquire if there was anything else.)

Medication 1

T7PDPSU_MED2

Medication 2

T7PDPSU_MED3

Medication 3

T7PDPSU_MED4

3. Since your service member RETURNED from his/her MOST RECENT DEPLOYMENT, did you see a professional for any psychological problem?

T7PDPSU_PROF1

- No (Skip to next module) **1.00**
- Yes **2.00**
- Don't Know (Skip to next module) **3.00**
- Refused (Skip to next module) **4.00**

Time 7 (T7) Supporter Interview 10_21_2011

4. Using Card K1 on page 19 (pause), please tell me where you saw someone for your psychological problems. Please tell me all that apply.

(Interviewer: Please probe further until respondent has mentioned all that apply.)

Anything else?

- A. Military hospital overseas T7PDPSU_TYPE1
- B. Military hospital stateside T7PDPSU_TYPE2
- C. Civilian hospital T7PDPSU_TYPE3
- D. Military based outpatient facility overseas T7PDPSU_TYPE4
- E. Military based outpatient facility stateside T7PDPSU_TYPE5
- F. Combat Stress Control Unit T7PDPSU_TYPE6
- G. Military Chaplain Services T7PDPSU_TYPE7
- H. Military One Source T7PDPSU_TYPE8
- I. Military Family Life Consultant Program T7PDPSU_TYPE9
- J. Vet Center (VA Readjustment Counseling Services) T7PDPSU_TYPE10
- K. VA Medical Center (VAMC) T7PDPSU_TYPE11
- L. VA Outpatient Clinic (VA OPC) T7PDPSU_TYPE12
- M. VA Community Based Outpatient Clinic (CBOC) T7PDPSU_TYPE13
- N. Primary care doctor in the community through insurance or out of pocket T7PDPSU_TYPE14
- O. Any Psychological Health Professional in the community through insurance or out of pocket T7PDPSU_TYPE15
- P. Community mental health organization T7PDPSU_TYPE16
- Q. Missouri Access Crisis Intervention Hotlines T7PDPSU_TYPE17
- R. Mandatory screening T7PDPSU_TYPE18
- S. Other T7PDPSU_TYPE19

Other (please specify)

 T7PDPSU_TYPE_OT19

5. Did the professional you saw tell you a diagnosis for the psychological problem(s)?

- No (Skip to Question 7) 1.00 T7PDPSU_DX1
- Yes 2.00
- Don't know (Skip to Question 7) 3.00
- Refused (Skip to Question 7) 4.00

Time 7 (T7) Supporter Interview 10_21_2011

6. Please tell me what diagnosis you were told.

Anything else?

(Interviewer: If respondent offers more than three diagnoses, ask him/her to tell you the three greatest concerns.)

(Interviewer: If respondent offers one or two diagnoses only, be sure to inquire if there was anything else.)

(Interviewer: Complete this question and then skip to next module.)

MH Dx 1

 T7PDPSU_DX2

MH Dx 2

 T7PDPSU_DX3

MH Dx 3

 T7PDPSU_DX4

7. (Interviewer: This question is asked only if the psychological health professional did NOT tell the respondent a diagnosis - Question 6 above NOT asked.)

What did you think you had?

 T7PDPSU_DX5

Time 7 (T7) Supporter Interview 10_21_2011

16. Spiritual Systems Assessment

1. For this next section we will again be focusing on the period of time SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT in [Q7]. You will need card L1 on page 20. (Pause) I will read a series of statements and ask you to rate your agreement with the statement.

Since my service member's deployment, (insert first statement). Would you (A)Strongly disagree, (B) Somewhat disagree, (C) neither agree nor disagree, (D) Somewhat agree, or (E) Strongly agree with this statement.

Since my service member's deployment, (insert next item). How would you rate this statement using the choices on Card L1?

Since my service member's deployment...

1.00	2.00	3.00	4.00	5.00
A. Strongly disagree	B. Somewhat disagree	C. Neither agree nor disagree	D. Somewhat agree	E. Strongly agree

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. ...I think more positively about life and war. T7SPIRI1 | <input type="radio"/> |
| 2. ...My emotions are more consistently under control and appropriate. T7SPIRI2 | <input type="radio"/> |
| 3. ...My verbal communications with myself (self talk) and others have improved. T7SPIRI3 | <input type="radio"/> |
| 4. ...My physical ailments have decreased. T7SPIRI4 | <input type="radio"/> |
| 5. ...I interact with others more positively. T7SPIRI5 | <input type="radio"/> |
| 6. ...I believe that life has more meaning and purpose. T7SPIRI6 | <input type="radio"/> |
| 7. ...I believe that my life has more value or worth. T7SPIRI7 | <input type="radio"/> |
| 8. ...I have more goals in life. T7SPIRI8 | <input type="radio"/> |
| 9. ...I am more motivated. T7SPIRI9 | <input type="radio"/> |
| 10. ...I believe that my needs are met more consistently. T7SPIRI10 | <input type="radio"/> |

Time 7 (T7) Supporter Interview 10_21_2011

17. Open ended questions

We have just a few more questions before we are finished. In this last section, we would like to record your thoughts in your own words. Please take your time as you answer each of these questions.

(Interviewer: DO NOT record any identifiable information - e.g. names, etc.)

(Interviewer: As needed say "Tell me a little more about that" or "Can you say a little more?")

1. What things have helped you the most with the reintegration process since your service member returned home?

T7OPENDQ1

2. What things have hindered you the most with the reintegration process since your service member returned home?

T7OPENDQ2

3. What do you consider the most meaningful part of your life during the time when your service member was most recently deployed and Why?

T7OPENDQ3

4. What do you consider the most meaningful part of your life since your service member returned from his/her most recent deployment and Why?

T7OPENDQ4

Time 7 (T7) Supporter Interview 10_21_2011

18. Final Wrap Up

We are at the end of the telephone interview portion of the study.

We also mailed you a survey that we need you to fill out and mail back. This survey that you complete on your own and mail back is additional important information that we did not inquire about during this interview. The survey should be mailed back in the BLUE envelope we enclosed with your packet.

In addition, in the package we mailed to you, there were two payment forms. Please sign and complete both payment forms and return them in the white envelope we enclosed with your packet. One payment form is for \$50 for completing the telephone interview and the second payment form is for \$20 for completing the survey you mail back.

The information from the interview we just completed and the survey you need to mail back will help us learn more about the reintegration needs of service members and families which will, in turn, help current and future veterans. Thank you so much for taking the time to participate.

Lastly, I would like to say that if you found this interview emotionally upsetting, I can have someone call you back to talk with you. Also, if you have questions or need to talk later, please don't hesitate to give us a call at our 1-800 number listed on the materials you received.

(Interviewer: If the respondent is having emotional difficulty after the interview, contact the clinical supervisor on call.)

(Interviewer: Implement the suicide protocol and / or domestic violence protocol at the end of the interview as appropriate.)

1. Date and Time Interview Completed

	MM	DD	YYYY	HH	MM	AM/PM	
Date and Time Interview Completed	<input type="text"/>	T7COMPLETE1					

Washington University

Follow Up Survey

Service Member Version

Please complete and return in the enclosed blue envelope.

Section I: We'd like to ask you a few questions about things that get in the way of getting professional help for psychological problems.

1. Do you feel you have any psychological problems?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
2. Since you RETURNED from YOUR MOST RECENT DEPLOYMENT, have you gone for counseling or seen a professional about your psychological health?	<input type="checkbox"/> ₁ No - Go to Section II below <input type="checkbox"/> ₂ Yes - Skip to Section III

Section II: WHAT KEPT YOU FROM GETTING HELP FOR PSYCHOLOGICAL PROBLEMS SINCE RETURNING HOME FROM YOUR MOST RECENT DEPLOYMENT?

Please check YES or NO for ALL items below.

Was it because you...

A.	Relied on support from family or friends to get through it?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
B.	Do not want professional care/help?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
C.	Thought that it would get better by itself?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
D.	Thought you should handle the problem yourself?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
E.	Thought that help probably would not do any good?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
F.	Thought it would take too much time or be inconvenient?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
G.	Were unsure where to go for help?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
H.	Were concerned others might think you were crazy?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
I.	Knew a member of your family would object/want you to "suck it up" and not identify yourself as needing help?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
J.	Thought if you sought care it would harm your career (i.e., being non-deployable, impacting promotions, affecting perceptions of subordinates.)?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
K.	Thought your commanding officer or other members of your unit might treat you differently?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
L.	Self-treated with drugs or alcohol?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
M.	Self-treated with an alternative care method?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
N.	Could not get off work?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
O.	Could not get a timely appointment?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
P.	Could not afford to pay the bill /too expensive?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Q.	Could not arrange child care?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
R.	Could not arrange transportation?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
S.	Had a prior bad/negative experience regarding psychological problems?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
T.	Do not trust psychological health professionals or doctors?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
U.	Were concerned about being put into a hospital?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
V.	Were concerned with the possibility of having to take medication?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
W.	Hold religious beliefs that discourage you from seeking psychological services?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
X.	Had other reasons you did not say that kept you from receiving help Please specify:	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes

Section III: Since returning from your most recent deployment, you may have learned about your eligibility to enroll in the VA for your health care needs.

The VA includes VA's Medical Centers (VAMC), Outpatient Clinics (VA OPC), or Community Based Outbased Clinics (CBOC) that you might go to for physical or mental health care services.

1. Do you feel you have any health concerns?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
2. Since you RETURNED from YOUR MOST RECENT DEPLOYMENT, have you received health care from the VA?	<input type="checkbox"/> ₁ No - Go to Section IV below <input type="checkbox"/> ₂ Yes - Skip to Section V

Section IV: We'd like to ask you a few questions about things that get in the way of seeking health care at the VA.

WITH REGARD TO THE VA, WHAT KEPT YOU FROM RECEIVING HELP SINCE RETURNING HOME FROM YOUR MOST RECENT DEPLOYMENT?

Please check YES or NO for ALL items below.

Was it because ...

A.	You did not know how to access the VA or get the process started?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
B.	You knew you could go to the VA, but just have not had the time to go?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
C.	You prefer to use private insurance or TRICARE despite copay or cost?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
D.	You prefer to get health information online?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
E.	You were denied care by VA earlier in the current conflict and never went back?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
F.	Your benefits claim to the VA was denied?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
G.	You have had bad experiences with the VA in the past?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
H.	You think that going to the VA will hurt your military career/ job /future?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
I.	You feel uncomfortable / embarrassed about going to the VA?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
J.	You are reluctant due to stigma/stereotypes about going to the VA?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
K.	You think the VA has too much red tape and paperwork?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
L.	The transportation / the travel distance to VA is too far?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
M.	Cannot get off work to go for VA appointments?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
N.	Want other options for where to go for services other than the big VA hospitals?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
O.	Want other options for when to go for services other than daytime appointments at VA (wanted VA appointments in the evenings and on the weekends.)?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
P.	You prefer non VA providers that you have used in the past?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Q.	You prefer a new provider that is not part of the VA?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes

Section V: Please rate the following as you feel right now:		Poor	Fair	Average	Good	Excellent
1.	Your knowledge of facts concerning post-deployment reintegration issues.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2.	Your knowledge of warning signs for problems with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3.	Your knowledge of how to ask someone if he/she is experiencing problems with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4.	Your knowledge of how to get help with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5.	Your knowledge of information about local resources for help with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.	Your ability to ask someone if he/she is having problems with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7.	The likelihood you will ask a person you believe has a problem with post-deployment reintegration if he/she needs help.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8.	Your ability to persuade a person who has a problem with post-deployment reintegration to get help.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9.	Your ability to ask for help if <u>you</u> were having problems with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10.	The likelihood you would ask for help if you were having problems with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section VI. For each item, please indicate whether you disagree (0), somewhat disagree (1), are undecided (2), somewhat agree (3), or agree (4). The term *professional* refers to individuals who have been trained to deal with mental health problems (e.g. psychologists, psychiatrists, social workers, chaplains, and family physicians). The term *psychological problem* refers to reasons one might visit a professional. For example, repeated disturbing memories or thoughts of a traumatic experience; feeling down, depressed or hopeless; or excessive anxiety or worry.

		Disagree	Somewhat disagree	Are undecided	Somewhat agree	Agree
1.	I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2.	I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3.	If good friends asked my advice about a psychological problem, I might recommend that they see a professional.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4.	Having been mentally ill carries with it a burden of shame.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5.	If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.	If I were to experience psychological problems, I could get professional help if I wanted to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7.	Important people in my life would think less of me if they were to find out that I was experiencing psychological problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8.	It would be relatively easy for me to find the time to see a professional for psychological problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9.	I would want to get professional help if I were worried or upset for a long period of time.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10.	I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11.	Having been diagnosed with a mental disorder is a blot on a person's life.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12.	If I believed I were having a mental breakdown, my first inclination would be to get professional attention.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13.	I would feel uneasy going to a professional because of what some people would think.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

		Disagree	Somewhat disagree	Are undecided	Somewhat agree	Agree
14.	I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15.	Had I received treatment for psychological problems, I would not feel that it ought to be "covered up."	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16.	I would be embarrassed if my neighbor saw me going into the office of a professional who deals with psychological problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section VII. For each of the AREAS listed on the left, please check the box in each question column.

	A	B	C	D
AREAS	Do you have any concerns?	Would you like to get more information?	Would you like to get help?	Did the Yellow Ribbon program help you to get information or get help? (Select N/A if Didn't Go to Yellow Ribbon.)
Your education benefits	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Your employment situation	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Your health care	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Your physical health	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Your mental health	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Your alcohol use	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Family or relationship concerns	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Any legal issues (e.g. custody, power of attorney, etc.)	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Other _____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes

Section VIII. For each of Programs / Services listed on the left, please check the box in each question column.
 (Select N/A if you did not attend a Yellow Ribbon weekend since returning)

Programs /Services	Since you RETURNED from YOUR MOST RECENT DEPLOYMENT, have you made an appointment to seek services from this program?	Since you RETURNED from YOUR MOST RECENT DEPLOYMENT, have you received services from this program?
MONG Employment Assistance (networking with employers, resume & interview skills)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MO Employers (various military-employee seekers)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MONG Education Services Office (Montgomery GI Bill, student loan repayment plan, enlistment bonuses, federal/state tuition assistance)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Local Colleges / Universities	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Department of Labor (employment assistance and protection)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Employee Support for Guard & Reserve (re-employment rights)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
VA Medical Center (health care)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Tri Care (health care)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Vet Center (readjustment counseling services)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
VA Regional Office (benefits, disability claims, home loans)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Military Family Life Consultants (counseling or other supportive services)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Military One Source (referral services, counseling, education, resources)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MONG Chaplaincy (spiritual care, counseling, Strong Bonds Marriage Retreats, relationship building)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MONG State Family Programs (youth programs, family readiness groups, family resiliency training, Family Assistance Centers)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Missouri Veterans Commission (state veteran benefits)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Veteran Service Organizations (VFW, American Legion, DAV)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MONG Safety Office (Composite Risk Management and injury prevention)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MONG Legal Services (Judge Advocate General/JAG, consultation on legal issues)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes

Washington University

Follow Up Survey

Supporter Version

Please complete and return in the enclosed blue envelope.

Section I: We'd like to ask you a few questions about things that get in the way of getting professional help for psychological problems.

1. Do you feel you have any psychological problems?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
2. Since your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you gone for counseling or seen a professional about your psychological health?	<input type="checkbox"/> ₁ No - Go to Section II below <input type="checkbox"/> ₂ Yes - Skip to Section III

Section II: WHAT KEPT YOU FROM GETTING HELP FOR PSYCHOLOGICAL PROBLEMS SINCE your service member RETURNED from his/her MOST RECENT DEPLOYMENT?

Please check YES or NO for ALL items below.

Was it because you...

A. Relied on support from family or friends to get through it?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
B. Do not want professional care/help?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
C. Thought that it would get better by itself?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
D. Thought you should handle the problem yourself?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
E. Thought that help probably would not do any good?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
F. Thought it would take too much time or be inconvenient?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
G. Were unsure where to go for help?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
H. Were concerned others might think you were crazy?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
I. Knew a member of your family would object/want you to "suck it up" and not identify yourself as needing help?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
J. Thought if you sought care it would harm your career (i.e., being non-deployable, impacting promotions, affecting perceptions of subordinates.)?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
K. Thought your commanding officer or other members of your unit might treat you differently?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
L. Self-treated with drugs or alcohol?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
M. Self-treated with an alternative care method?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
N. Could not get off work?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
O. Could not get a timely appointment?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
P. Could not afford to pay the bill /too expensive?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Q. Could not arrange child care?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
R. Could not arrange transportation?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
S. Had a prior bad/negative experience regarding psychological problems?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
T. Do not trust psychological health professionals or doctors?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
U. Were concerned about being put into a hospital?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
V. Were concerned with the possibility of having to take medication?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
W. Hold religious beliefs that discourage you from seeking psychological services?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
X. Had other reasons you did not say that kept you from receiving help Please specify:	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes

Section III: Please rate the following as you feel right now:		Poor	Fair	Average	Good	Excellent
1.	Your knowledge of facts concerning post-deployment reintegration issues.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2.	Your knowledge of warning signs for problems with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3.	Your knowledge of how to ask someone if he/she is experiencing problems with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4.	Your knowledge of how to get help with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5.	Your knowledge of information about local resources for help with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.	Your ability to ask someone if he/she is having problems with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7.	The likelihood you will ask a person you believe has a problem with post-deployment reintegration if he/she needs help.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8.	Your ability to persuade a person who has a problem with post-deployment reintegration to get help.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9.	Your ability to ask for help if <u>you</u> were having problems with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10.	The likelihood you would ask for help if you were having problems with post-deployment reintegration.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section IV. For each item, please indicate whether you disagree (0), somewhat disagree (1), are undecided (2), somewhat agree (3), or agree (4). The term *professional* refers to individuals who have been trained to deal with mental health problems (e.g. psychologists, psychiatrists, social workers, chaplains, and family physicians). The term *psychological problem* refers to reasons one might visit a professional. For example, repeated disturbing memories or thoughts of a traumatic experience; feeling down, depressed or hopeless; or excessive anxiety or worry.

		Disagree	Somewhat disagree	Are undecided	Somewhat agree	Agree
1.	I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2.	I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3.	If good friends asked my advice about a psychological problem, I might recommend that they see a professional.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4.	Having been mentally ill carries with it a burden of shame.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5.	If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.	If I were to experience psychological problems, I could get professional help if I wanted to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7.	Important people in my life would think less of me if they were to find out that I was experiencing psychological problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8.	It would be relatively easy for me to find the time to see a professional for psychological problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9.	I would want to get professional help if I were worried or upset for a long period of time.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10.	I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11.	Having been diagnosed with a mental disorder is a blot on a person's life.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12.	If I believed I were having a mental breakdown, my first inclination would be to get professional attention.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13.	I would feel uneasy going to a professional because of what some people would think.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

		Disagree	Somewhat disagree	Are undecided	Somewhat agree	Agree
14.	I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15.	Had I received treatment for psychological problems, I would not feel that it ought to be "covered up."	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16.	I would be embarrassed if my neighbor saw me going into the office of a professional who deals with psychological problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section V. For each of the AREAS listed on the left, please check the box in each question column.

	A	B	C	D
AREAS	Do you have any concerns?	Would you like to get more information?	Would you like to get help?	Did the Yellow Ribbon program help you to get information or get help? (Select N/A if Didn't Go to Yellow Ribbon.)
Your education benefits	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Your employment situation	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Your health care	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Your physical health	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Your mental health	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Your alcohol use	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Family or relationship concerns	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Any legal issues (e.g. custody, power of attorney, etc.)	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
Other _____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes

Section VI. For each of Programs / Services listed on the left, please check the box in each question column.
 (Select N/A if you did not attend a Yellow Ribbon weekend since your service member returned.)

Programs /Services	Since your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you made an appointment to seek services from this program?	Since your service member RETURNED from his/her MOST RECENT DEPLOYMENT, have you received services from this program?
MONG Employment Assistance (networking with employers, resume & interview skills)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MO Employers (various military-employee seekers)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MONG Education Services Office (Montgomery GI Bill, student loan repayment plan, enlistment bonuses, federal/state tuition assistance)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Local Colleges / Universities	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Department of Labor (employment assistance and protection)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Employee Support for Guard & Reserve (re-employment rights)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
VA Medical Center (health care)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Tri Care (health care)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Vet Center (readjustment counseling services)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
VA Regional Office (benefits, disability claims, home loans)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Military Family Life Consultants (counseling or other supportive services)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Military One Source (referral services, counseling, education, resources)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MONG Chaplaincy (spiritual care, counseling, Strong Bonds Marriage Retreats, relationship building)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MONG State Family Programs (youth programs, family readiness groups, family resiliency training, Family Assistance Centers)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Missouri Veterans Commission (state veteran benefits)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
Veteran Service Organizations (VFW, American Legion, DAV)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MONG Safety Office (Composite Risk Management and injury prevention)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes
MONG Legal Services (Judge Advocate General/JAG, consultation on legal issues)	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₀ N/A <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes

Missouri National Guard

Yellow Ribbon Reintegration Program

Pre and Post Survey

&

T7 Survey

Brief Data Entry Manual: Overview & Instructions

by Greg Widner

February 2012

Overview: Pre and Post Surveys

When National Guard Service members return from deployment overseas, they are required to attend two reintegration events. The purpose of these events is to provide information about resources and education about potential reintegration issues and problems. This is done through a series of training classes over the course of a 2 day reintegration event. As part of the FAMPAC study protocol, we collect pre (Yellow) and post (Blue) surveys at these events.

All surveys should be stamped with date of YRRP where they were collected. This should be done before departing the YRRP event or immediately upon returning to the office. This will prevent surveys from being mixed up (for example mixing up a T2 survey with a T5 survey).

Data Entry Instructions

Preliminaries:

The MS Access databases are located R:\Data_Entry_All

Each RA will be assigned a separate batch of surveys to data enter into a database, and also be assigned an appropriate database. It is important to keep each batch of surveys stored separately so they do not get mixed up and entered into the wrong database. We date stamp each survey when they are received, and they are color coded for pre (Yellow) and post (blue). Your supervisor will tell you which date stamp and which color surveys you are working with.

Once you have your assigned database and are ready to begin data entry, open the appropriate database and go to the Forms view (on the left side of the screen) and double click to open it. Maximize your data entry screen so that you can see all variable fields at the same time.

The data entry screen forms for both the PRE and POST surveys are grouped into sections corresponding to the sections on the survey instrument. The tab order of the data entry screens follow the order of the survey sections and questions top to bottom starting on the left side of the screen.

RA's should use the data entry notation Error Log to note issues that arise as part of data entry. There are two separate Log versions: Pre and Post. The RA should include his/her name at the top of the Log and indicate data entry batch (time stamp to note the YRRP event, time point (T2, T3, T5, T6). Each notation on the Log should include the ID number, question number/label, a very short description of the identified error, and the response entered into the database. This log will primarily be needed for two types of issues. If a response is illegible, the RA will data enter what he/she believes is written, or leave blank if completely unreadable*, and make a note in log. The other type of issue may be if more than one response is marked for a given question. If a participant selected more than one response for a question that *does not* ask them to "check all that apply," select the response that seems most clearly marked(the intended response) and make a note on the data entry Log. For example, a participant with ID number 729 marked two responses for Section II, Question 1 (Variable="KNOW1"). Participant 729 marked both 0 and 3 on the completed survey, but it looks like the 3 was marked with intention because if was marked with an X while the 0 box has a small tic mark and all of the other responses for questions 2-10 were marked with an X . In the appropriate section on the Error Log, the RA should make a note on the Log as follows: "ID 729, Q1, two responses marked, data entered 3 as seemed to be intent of participant."

***HOWEVER, IF the intended response is unclear or two responses were marked with equal intention, the policy is to flag the survey, make a note in the log and consider the response missing. Do not enter anything in data entry field for that variable.**

After you data enter a survey, please be sure to double check your work for accuracy. Then place a RED check mark, date and initials indicating it has been completed in the upper right hand corner on the front of the survey before moving on to the next one.

Getting Started:

Once you're at the first empty form in the appropriate database (Pre or Post), enter the Date Data Entered (today's date), and Data Entered By (your user ID) in the specified fields at the top of the screen. At the top of each survey on the first page, there is a white label with an ID number printed on it. Enter this in the ID variable field.

The next variable, "Data Point", is not anywhere on the surveys. You will be informed by your supervisor or the project manager what to enter here depending on the batch of surveys you are assigned to enter. Pre surveys will always be 2 or 5, corresponding to T2 and T5. The post survey will always be 3 or 6, corresponding to T3 or T6. These are the time point for the FAMPAC study. T2 and T3 are for those surveys collected at the 30-day YRRP weekends, and T5 and T6 are for the surveys collected for the 60-day YRRP weekend.

For example for the first YRRP events of the FAMPAC study, the data points corresponded to the following dates.

30-day PRE (yellow) – Data point =2 April 30-May 1, 2011 YRRP

30-day POST (blue) – Data point=3 April 30-May 1, 2011 YRRP

60-day PRE (yellow) – Data point=5 June 4-5, 2011 YRRP

60-day POST (blue) – Data point=6 June 4-5, 2011 YRRP

The data collection team will occasionally write a hand written note on the front page of the survey in the upper right hand corner if a survey was turned in late. If there is anything hand written here, it should be data entered in the Time Note variable field as it is written.

The same Pre and Post surveys are used for both Service members and family members / loved one. The SUBJECT variable field on the data entry screen form is used to make the distinction (1=service member, 2=family member / loved one). **If both 1 and 2 are marked, please check the survey ID number. If the ID number ends in a 2, please code this as 2. If the ID number ends in 1, please code the SUBJECT variable as 1. This should be noted in the log.**

Most variable fields for both PRE and POST surveys should have numerical variables to be data entered. The number for the box that is checked or marked should be entered into the corresponding data entry field. For example, if the survey question on the completed survey has response box options of 0-4 corresponding from Poor – Excellent and "1" is checked, then the RA should enter "1" in the corresponding field in the data entry screen. The data entry screen has been set up to only allow numeric characters to be entered; otherwise, text can be entered if appropriate.

If a participant did not answer a question on the survey, the RA should leave the field blank on the data entry screen. A SAS program can be written to determine if this variable is missing or was an appropriate skip.

PRE Survey Instructions

Once the Date Data Entered, Data Entered By, ID number and Data Point are entered for the PRE survey, the first section to be data entered is Section I. Section I then asks if the person completing the surveys is a Service member or Family Member/ loved one (Variable field =SUBJECT: 1 for Service member; 2 for family member / loved one); the next question asks about classroom assignment (Classroom). Data enter what is written in the field. Section I then asks about

number of Yellow Ribbons previously attended (PRIORYR: 0-3 or more); and the last question asks the participant to write in the number of months (MNTHSYR). If the participant wrote N/A for not applicable, this can be left blank, otherwise enter the number of months.

Section II: This is the exact same as Section II on the POST survey. This section has 10 questions designed to self report knowledge and self-efficacy. The variable field on the data entry screen for these 10 questions is labeled KNOW1 – KNOW 10.

Section III: This is the exact same as Section III on the POST Survey. It contains 16 questions designed to measure stigma toward mental health and propensity to seek professional help. The variable fields for these 16 questions are labeled STIGMA 1 – STIGMA16.

Section IV has an open ended question asking about the participant's most important reintegration concern and should be entered exactly as written by the participant. This variable field is labeled CONCERN.

Section V of the PRE surveys asks basic demographic type questions and includes some variables that should be entered as numeric and some that are character. These fields are generally self explanatory and the variable names on the data entry screen clearly correspond to the question on the PRE survey.

One thing to be aware of in Section V is the question asking about race. A participant is asked to “check all that apply”. The RA should enter the number corresponding to the race in the proper field. There is not one response field for race. There are 6 possible responses using race variable selections 1-6. Note: The numeric value of the checked box should be entered in the appropriate field. For example, If a participant only marks the box labeled Caucasian/White (1), then 1 should be data entered in the corresponding field on the data entry screen, and all other fields for possible multiple racial individuals in the data entry screen should be left blank. If a participant marks box 4 for American Indian/Alaska Native, then 4 should be entered in the corresponding variable field in on the data entry screen. If the participant marks 1 for Caucasian/White and 4 for American Indian/Alaska Native, then 1 and 4 should both be entered in their respective data entry field.

Section VI has only one question and was intended to only be answered by family members / loved ones. Service member participants are instructed to skip to Section VII. However, even if the participant marked that he/she was a Service member in Section I and completed this section; data enter what is marked.

Section VII was to only be completed by Service members. As in the above scenario, if a family member completed this section, enter it exactly as marked. A few special things to note about Section VII. The first question, Pay Grade, and fifth question, Unit, may be confusing to an RA unfamiliar with military culture. Just data enter these two variables exactly as written to the best you can decipher. Most Service members completing this section will have written pay grades E1-E9 or O1-O7. The question about Unit will be written in a variety of ways.

The second question in Section VII asks if the Service member has ever been deployed before (Variable field name FIRSTDEP). This data entry field should be entered as 1 for NO, or 2 for YES.

The third question is divided into two variable fields on the data entry screen (MNTHRET for month returned and YRRET for year Service member returned from most recent deployment). If the participant wrote the month or abbreviated the month (e.g. March or April), please enter the month in numeric form. For example, enter “3” for March and “4” for April. If the participant marked the YRRET as a two digit year (e.g. 09), please enter using the full year (e.g. 2009).

Question four of section VII asks the Service member where he/she was deployed. Please enter the number in the appropriate field for the box that is marked. This question was not intended as a “check all that apply” question, but, if

the Service member did check more than one box, please enter 3 for “Other” and enter all locations that are checked or written in, into the single field.

For the sixth question, NUMFAM, enter the numerical value provided by the respondent. The last question of Section VII allows the Service member to “check all that apply”. As with previous questions using this format, please enter the number for all boxes that are checked into the corresponding data entry variable field.

Please note that the variables RACE_S; RELATE_S; DEPLOC_S; and SOLDREL_S are all specify fields, and may have text that needs to be entered in addition to a numeric variable that must be entered in a separate field.

POST Survey

Once the Date data entered, Data entered by, ID number, Data point Classroom and Section I: SUBJECT responses have been data entered, the RA will proceed to Section II. Section II of the POST survey is a matrix that looks at several areas with 4 questions in columns that allowed the participant to mark yes / no for each area on the left of the matrix. The data entry screen tab order follows the matrix from top to bottom moving down the far left column first, then onto columns 2-4. The data entry screen is organized using the same layout as the survey page. The first few letters of the variable field name on the data entry screen correspond to the question and are labeled: CONXXX, INFOXXX, HELPXXX, GETXXX; 1 should be entered if NO is marked; 2 should be entered if YES is marked.

Most participants likely did not complete the OTHER row in the matrix. These can be left blank if not marked.

Section III includes a list of program as services across a matrix of questions. This section is similar to Section II for data entry. However, the tab order is broken down so that everything on the same page can be data entered before turning the page. Understanding the variable names follow a consistent pattern for each column.

Section IV: This section has 10 questions designed to self report knowledge and self-efficacy. The variable field on the data entry screen for these 10 questions is labeled KNOW1 – KNOW 10.

Section V on the POST Survey contains 16 questions designed to measure stigma toward mental health and propensity to seek professional help. The variable fields for these 16 questions are labeled STIGMA 1 – STIGMA16.

Section VI is open ended question and should be data entered exactly as written by participant.

Several questions on the POST survey contain responses that should be entered as text: Section I: Classroom, Section II: OTHER_S and Section VI: SHARE_S. Additionally, data enter Date Completed and Time Completed exactly as written by the participant. All others fields should be entered as numerical.

Overview: T7 Follow Up Survey

The T7 Follow Up Survey is mailed to participants after they have completed their T4 interview. After finishing it, the participants mail it back to us in addition to completing the T7 telephone interview. Participants are financially compensated for completing the interview and survey. There are two different versions of the survey, a Soldier version and a Supporter Version. The T7 Survey Error Log has a separate page to record errors for each group.

Before entering data into the database, make sure you are in the appropriate Form view: Data Entry All → T7 survey data entry → T7DataEntry (most recent date) → Select either Service Member T7 Survey or Supporter T7 Survey

For both the SM and SPTR, the T7 survey has Date Data Entered, Data Entered By, and ID fields at the top of the screen. Section I asks two questions (PSYPROB 1 and 2) with numerical options 1 and 2. Data enter the selected responses. Pay attention to the skip pattern with question 2. If a respondent reports Yes (2), they are supposed to skip to Section III. If a respondent fails to skip when prompted to do so, enter the responses into the database anyway and log the error.

Service Member:

Section II lists barriers to mental health treatment, asking the participant to check No (1) or Yes (2) as to whether they experienced that barrier. Data enter the selected response (1 or 2) into each box.

Section III: Data enter the same as Section I.

Section IV: Data enter the same as Section II.

Section V: Respondents rate their knowledge of various concerns pertaining to acquiring mental health treatment. Response options range from Poor to Excellent, and each option has a numerical value 0 (Poor) through 4 (Excellent). Data enter the selected response for each question. Section VI: Respondents rate their agreement with various beliefs pertaining to mental health to assess for stigma. Response options range from Disagree to Agree, and each option has a numerical value 0 (Disagree) through 4 (Agree). Data enter the selected response for each question.

Section VII: A matrix that looks at several areas with 3 questions in columns allowing the participant to mark yes/no for each area on the left of the matrix. The 4th question/column also has N/A, in addition to yes/no, as a response option if the respondent did not attend a YRRP. The data entry screen tab order follows the matrix from top to bottom moving down the far left column first, then onto columns 2-4. The first few letters of the variable field name on the data entry screen correspond to the question and are labeled: CONXXX, INFOXXX, HELPXXX, GETXXX; 1 should be entered if NO is marked; 2 should be entered if YES is marked, and 0 should be entered if N/A is marked (in the 4th column only).

Section VIII: Section VIII includes a list of program as services across a matrix of questions. The tab order is broken down so that everything on the same page can be data entered before turning the page. The variable names follow a consistent pattern for each column.

Supporter:

Note: The SPTR version does not ask about enrollment in VA for healthcare needs (VA1 and VA2), nor does it ask about barriers to receiving healthcare from the VA (VABARR A – Q).

Sections I and II are the same as in the Service Member version.

Section III: This section is the same as Section V on the SM version. Respondents rate their knowledge of various concerns pertaining to acquiring mental health treatment. Response options range from Poor to Excellent, and each option has a numerical value 0 (Poor) through 4 (Excellent). Data enter the selected response for each question.

Section IV: This section is the same as Section VI on the SM version. Respondents rate their agreement with various beliefs pertaining to mental health to assess for stigma. Response options range from Disagree to Agree, and each option has a numerical value 0 (Disagree) through 4 (Agree). Data enter the selected response for each question.

Section V: This section is the same as Section VII on the SM version. A matrix that looks at several areas with 3 questions in columns that allow the participant to mark yes/no for each area on the left of the matrix. The 4th question/column also has N/A, in addition to yes/no, as a response option if the respondent did not attend a YRRP. The data entry screen

tab order follows the matrix from top to bottom moving down the far left column first, then onto columns 2-4. The first few letters of the variable field name on the data entry screen correspond to the question and are labeled: CONXXX, INFOXXX, HELPXXX, GETXXX; 1 should be entered if NO is marked; 2 should be entered if YES is marked, and 0 should be entered if N/A is marked (in column 4 only).

Section VI: This section is the same as Section VIII on the SM version. Section VIII includes a list of program as services across a matrix of questions. The tab order is broken down so that everything on the same page can be data entered before turning the page. The variable names follow a consistent pattern for each column.

Data Check

Quality assurance of data entry of pre and post survey data entry is maintained as follows.

Each RA will be trained to data enter a type of survey (pre and/or post and/or T7). After the first 10 surveys are entered, the project manager, data manager, or designee will review the surveys to determine the error rate. This person is designated the data checker. The Pre survey has 48 data entry fields and the Post survey 143 data entry fields. The SM version of the T7 survey has 125 data entry fields, and the SPTR version has 106. Each miss-entered field is considered one error. An RA need to achieve an error rate less than .007 in order to be cleared for data entry. For pre-surveys this would mean that no more than 3 errors could have been made in 10 surveys ($3/480 = .0063$). For the post –surveys, no more than 10 errors can be made in 10 surveys ($10/1430 = .0069$). For the T7 surveys, no more than 8 errors can be made in 10 surveys ($8/1250 = .0064$) in the SM version, and no more than 7 errors can be made in 10 surveys ($7/1060 = .0066$) in the SPTR version.

After the first 10 surveys have been checked, and regardless of error rate, the RA will have his/her work and errors reviewed with him by the RA's supervisor as part of quality assurance. Those with <.007 error rate will be cleared to continue data entry.

Once the RA is completed an assigned batch, another 20 surveys will be randomly checked. Again, an error rate of less than .007 will need to be achieved. Those not meeting a less than .007 error rate will need to have all of their data entry double checked by the data checker.

At all times the data checker will, make a note and fix the data entry error.

The project manager, data manager, or designee will review all logs created by the RA and check each item to ensure the data was properly addressed.

The project manager, data manager, or designee, will generate a report of all ID numbers and data points for surveys and will designate someone to check to ensure all surveys for the YRRP event were data entered.

PRE Survey Example

Microsoft Access

Home Create External Data Database Tools Acrobat

View Paste Advanced Header Options...

Security Warning Certain content in the database has been disabled Options...

All Tables KCJuncPRESurvey

KCJuncPRESurvey : Table Date Created: 7/16/2009 12:00:00 AM Date Modified: 11/21/2011 11:45:20 AM

FAMPAC V88P pre-IVIIVY : Form Date Created: 4/29/2011 11:45:20 AM Date Modified: 11/21/2011 11:45:20 AM

FAMPAC V88P pre-IVIIVY

Section I		Section III		Section IV	
SUBJECT:	1	STIGMA1:	3	CONCERN:	Concerned about my anger since returning home.
Classroom:	Patriot	STIGMA2:	2	GENDER:	1
PRIORITY:	2	STIGMA3:	2	AGE:	25
MNTHSYR:	6	STIGMA4:	2	HISPANIC:	1
		STIGMA5:	2	CAUCASIAN:	1
		STIGMA6:	3	BLACK:	
Section II		STIGMA7:	1	ASIAN:	
KNOW1:	3	STIGMA8:	2	NATVAMER:	4
KNOW2:	3	STIGMA9:	4	HAWAIIAN:	
KNOW3:	3	STIGMA10:	2	OTHER:	
KNOW4:	3	STIGMA11:	2	RACE %:	
KNOW5:	3	STIGMA12:	2	MARITAL:	1
KNOW6:	2	STIGMA13:	3	LIVE WITH:	1
KNOW7:	2	STIGMA14:	4	CITY:	Poplar Bluff
KNOW8:	3	STIGMA15:	3	STATE:	MO
KNOW9:	3	STIGMA16:	1		
KNOW10:	3				
Section VI		Section VII			
FAMRELA:		PAYGRADE:	E-4	NUMFAM:	1
RELAT_S:		BRANCH:	1	SOLDREL1:	
		FIRSTDEP:	2	SOLDREL2:	2
		MNTHRETR:	4	SOLDREL3:	
		YRRET:	2011	SOLDREL4:	
		DEPLOC:	1	SOLDREL5:	
		DEPLOC_S:		SOLDREL_S:	
		UNIT	1107		

Record: 14 of 68 | Back | Forward | Search

Form View

start Google Calendar - Wi... My business - Address... J... Jones - Microsoft Out... MS Dataentry online... Dataentry Manual... Microsoft Access - FA... 11:45 PM

POST Survey Example

Microsoft Access

Home Create External Data Database Tools Acces...

View Paste Standard Buttons Back Forward New Save Spelling Find Replace Go To Advanced Selection Size to Fit Form Windows Options...

All Tables POSTJUNE

POSTJUNE : Table Table
Date Created: 11/15/2011 2...
Date Modified: 12/15/2011 ...

FAMPAC VSRP post-s... Form
Date Created: 4/29/2011 11...
Date Modified: 12/15/2011 ...

Security Warning Certain content in the database has been disabled Options...

POSTJUNEADU

Section I

Subject 1
Classroom Patriot

Section II

CONEDU	2	INFOEDU	2	HELPEDU	1	GETEDU	2
CONEMP	2	INFOEMP	2	HELPEMP	1	GETEMP	1
CONHC	1	INFOHC	1	HELPHC	1	GETHC	1
CONPHY	1	INFOPHY	1	HELPPHY	1	GETPHY	1
CONNMH	1	INFOMNH	1	HELPMH	1	GETMH	1
CONALC	1	INFOALC	1	HELPALC	1	GETALC	1
CONFAM	1	INFOFAM	1	HELPFAM	1	GETFAM	1
CONLGL	1	INFOGL	1	HELPGL	1	GETGL	1
CONOTH		INFOOTH		HELPOTH		GETOTH	

Section III

NGEMPI	1	NGEMPT	1	NGEMPA	1	NGEMPE	1
MOEMPI	1	MOEMPT	1	MOEMPA	1	MOEMPE	1
NGEDU1	1	NGEDUT	1	NGEDUA	1	NGEDUE	1
LOCOLI1	1	LOCOLT	1	LOCOLIA	1	LOCOLIE	1
DOLABR1	1	DOLABRT	1	DOLABRA	1	DOLABRE	2
ESGR1	1	ESGRT	1	ESGRA	1	ESGRE	1
VAMC1	1	VAMCT	1	VAMCA	1	VAMCE	1
TRICARI	1	TRICART	1	TRICARA	1	TRICARE	1
VETCEN1	2	VETCENT	2	VETCENA	1	VETCENE	1
VAREGI	1	VAREGT	1	VAREGA	1	VAREGE	1
MFLCI1	1	MFLCT	1	MFLCA	1	MFLCE	1
MOS1	1	MOST	1	MOSA	1	MOSB	1
NGCHAP1	2	NGCHAPT	2	NGCHAPA	1	NGCHAPE	2
NGFAMP1	2	NGFAMPT	2	NGFAMPA	1	NGFAMPE	2
MVCI	2	MVCT	2	MVCA	1	MVCE	1
VSO1	1	VSOT	1	VSOA	1	VSOE	1
NGSAFE1	1	NGSAFET	1	NGSAFEA	1	NGSAFEE	1
NGLGL1	1	NGLGLT	1	NGLSLA	1	NGLGLE	1

Section IV

KNOW1	2	STIGMA1	3
KNOW2	2	STIGMA2	3
KNOW3	2	STIGMA3	3
KNOW4	2	STIGMA4	3
KNOW5	2	STIGMA5	3
KNOW6	2	STIGMA6	3
KNOW7	2	STIGMA7	3
KNOW8	2	STIGMA8	2
KNOW9	2	STIGMA9	2

Section V

STIGMA1	3
STIGMA2	3
STIGMA3	3
STIGMA4	3
STIGMA5	3
STIGMA6	3
STIGMA7	3
STIGMA8	2
STIGMA9	2

Section VI

SHARE 5

Date Completed: 2/5/2012
Time Completed: 1000

Record: 1 of 57 | Back | Next | Last | First | Search | 4 |

Form View

start Google Calendar Wi... Setting to New Old Microsoft Outlook MS Data Entry Planner Data Entry Planning Microsoft Access File Help

T7 Survey Example

Microsoft Access

Home Design External Data Database Tools Help

Views Paste Copy Format Font AutoText Refresh All... New Save Spelling Filter Selection Advanced Sort & Filter Go To... Find

Security Warning Certain content in the database has been disabled Options...

All Tables POSTJUNE

POSTJUNE : Table Table
Date Created: 11/9/2011 11:11:32...
Date Modified: 11/15/2011 11:08:...

Service Member T7 Survey Form
Date Created: 4/29/2011 11:25:12...
Date Modified: 11/15/2011 3:04:0...

Supporter T7 Survey Form
Date Created: 11/9/2011 11:30:04...
Date Modified: 11/15/2011 3:04:7...

POSTJUNE

Section II

BARRIER A	
BARRIER B	
BARRIER C	
BARRIER D	
BARRIER E	
BARRIER F	
BARRIER G	
BARRIER H	
BARRIER I	
BARRIER J	
BARRIER K	
BARRIER L	
BARRIER M	
BARRIER N	
BARRIER O	
BARRIER P	
BARRIER Q	
BARRIER R	
BARRIER S	
BARRIER T	
BARRIER U	
BARRIER V	
BARRIER W	
BARRIER X	

Section III

VA1	1
VA2	1

Section V

KNOW1	3
KNOW2	3
KNOW3	3
KNOW4	3
KNOW5	2
KNOW6	2
KNOW7	3
KNOW8	3
KNOW9	2
KNOW10	2

Section VI

STIGMA1	2
STIGMA2	2
STIGMA3	2
STIGMA4	2
STIGMA5	3
STIGMA6	3
STIGMA7	3
STIGMA8	3
STIGMA9	3
STIGMA10	3
STIGMA11	2
STIGMA12	2
STIGMA13	2
STIGMA14	1
STIGMA15	1
STIGMA16	1

Section IV

VABARR A	1
VABARR B	1
VABARR C	1
VABARR D	1
VABARR E	1
VABARR F	1
VABARR G	1
VABARR H	2
VABARR I	2
VABARR J	1
VABARR K	1
VABARR L	2
VABARR M	2
VABARR N	1
VABARR O	1
VABARR P	1
VABARR Q	1

Section VII

CONEDU	1	INFOEDU	1	HELPEDU	1	GETEDU	2
CONEMP	1	INFOEMP	1	HELPEMP	1	GETEMP	2
CONHIC	1	INFOHC	1	HELPHC	1	GETHC	0
CONPHY	1	INFOPHY	2	HELPPHY	2	GFTPHY	0
CONMH	1	INFOMH	2	HELPMH	2	GETMH	1

Section VIII

NGEMPA	1	NGEMPE	1
MOEMPA	1	MOEMPE	1
NGEDUA	1	NGEDUE	1
LOCOLA	1	LOCCOLE	1
DOLABRA	1	DOLABRE	1

Record: 14 of 92 * < > Search: 4

Form View Start Inbox - Microsoft Outlook Google Calendar - MI REDUCED: Behavior V Data Entry Manual RG T7 survey data entry Microsoft Access - T7... 11/12/09